

August 19, 2019 7:00 pm
JONES COUNTY BOARD OF COMMISSIONERS
REGULAR MEETING
JONES COUNTY AGRICULTURAL BUILDING, 110 MARKET STREET
TRENTON, NC 28585
MINUTES

COMMISSIONERS PRESENT:

Mike Haddock, Chairman
Frank Emory, Vice-Chairman
Sondra Ipock-Riggs, Commissioner
James Harper, Commissioner
April Aycock, Commissioner
Charlie Dunn, Jr., Commissioner
Charlie Gray, Commissioner

OFFICIALS PRESENT:

Franky J. Howard, County Manager
Brenda Reece, Finance Officer
Angelica Hall, Clerk
Dave Baxter, County Attorney
Wesley Smith, Health Director
Jessica Adams, Program Manager, DSS
Hope Avery, Tax Admin/Assessor
Paul Ingram, Bldg Inspector/Maint. Director

COMMISSIONERS ABSENT:

The Chairperson called the meeting to order and Commissioner James Harper gave the invocation. **MOTION** was made by Commissioner Frank Emory, seconded by Commissioner Charlie Dunn Jr. and unanimously carried **THAT** the agenda be **APPROVED** with the following additions:

11. Anita Douglas-Proclamation for Sickle Cell Anemia
12. Fire District Map Approval

MOTION made by Commissioner James Harper, seconded by Commissioner Sondra Ipock-Riggs, and unanimously carried **THAT** the minutes for the Special Meeting for July 29, 2019 **APPROVED** as presented.

PUBLIC COMMENT PERIOD:

Mr. Charlie Archinal, Pollocksville, came before the Board again expressing his concerns about the waterline running under the road. Mr. Archinal stated they are prepared to repair the road but the waterline will need to be relocated.

Ms. Doris Harris asked Mr. Franky Howard about items she had concerns about in her office at the courthouse.

Mr. Pete Danza, expressed his concerns with the generator at the Courthouse not being able to sustain the entire building.

1. ADDITIONAL WIC FUNDS

Mr. Wesley Smith, Health Director, informed the Board that Health Department had been awarded special time-limited funds in the amount of \$4257.00 from the NC Division of Public Health, Women's and Children's Health Section, Nutrition Services Branch. Mr. Smith explained that the additional funds will be used to purchase equipment that will allow the Health Department to increase outreach efforts by offering WIC clinics off-site throughout the county. Mr. Smith requested the Board approve receipt of the funds and the subsequent increase in the Health Department's budget for 2019-20. **MOTION** made by Commissioner Sondra Ipock-Riggs, seconded by Commissioner Frank Emory, and unanimously carried **THAT** the request to receive the additional funds in the amount of \$4257.00 be **APPROVED** as presented. A copy of the request is marked **EXHIBIT A** and is hereby incorporated and made a part of the minutes.

2. HOME COMMUNITY BLOCK GRANT ADDITIONAL FUNDING

Mrs. Jessica Adams, Program Manager, presented the Board with the required updated Home and Community Care Block Grant County Funding Plan and Provider Services Summary. Mrs. Adams explained that the overall allocation from East Carolina Council on Aging has been increased by \$1,000 for a total of \$150,767. This increase will be reflected in Congregate Nutrition. Mrs. Adams requested the Board approve the receipt of the additional \$1,000 allocation and the overall allocation of \$150,767 by the Department of Social Services-Senior Services for FY 19-20. **MOTION** made by Commissioner April Aycock, seconded by Commissioner Frank Emory, and unanimously carried **THAT** the request to receive the \$1,000 allocation and the overall allocation of \$150,767 be **APPROVED** as presented. A copy of the request is marked **EXHIBIT B** and is hereby incorporated and made a part of the minutes.

3. BUDGET AMENDMENT #5

Mrs. Brenda Reece, Finance Officer, presented the Board with Budget Amendment #5 for approval. This item was reviewed and discussed at the August 12th Board work session. **MOTION** made by Commissioner Sondra Ipock-Riggs, seconded by Commissioner Frank Emory, and unanimously carried **THAT** Budget Amendment #5 be **APPROVED** as presented. A copy of the budget amendment is marked **EXHIBIT C** and is hereby incorporated and made a part of the minutes.

4. FORESTRY AGREEMENT

Mrs. Brenda Reece, Finance Officer, presented the Board with the Agreement for the Protection, Development and Improvement of Forest Land for approval. **MOTION** made by Commissioner Sondra Ipock-Riggs, seconded by Commissioner Frank Emory, and unanimously carried **THAT** the Agreement be **APPROVED** as presented. A copy of the Agreement marked **EXHIBIT D** and is hereby incorporated and made a part of the minutes.

5. WORKFORCE CERTIFICATION CONTRACT

Mrs. Brenda Reece, Finance Officer, presented the Board with the Workforce Certification Contract for approval. **MOTION** made by Commissioner Sondra Ipock-Riggs, seconded by Commissioner James Harper, and unanimously carried **THAT** the Workforce Certification Contract be **APPROVED** as presented. A copy of the contract is marked **EXHIBIT E** and is hereby incorporated and made a part of the minutes.

6. LATE APPLICATION FOR PROPERTY TAX RELIEF

Mrs. Hope Avery, Tax Admin/Assessor, presented the Board with the following Late Applications for Property Tax Relief for approval: Donna Lee Brown, Claudia Mae Strayhorn, Fleming Cecil Jones and Andrew Thomas Reed. **MOTION** was made by Commissioner April Aycock seconded by Commissioner Frank Emory, and unanimously carried **THAT** the late applications be **APPROVED** as presented. A copy of the applications is marked **EXHIBIT F** and is hereby incorporated and made a part of the minutes.

7. TAX COLLECTION REPORT

Mrs. Hope Avery, Tax Admin/Assessor, presented the Board with the Tax Collection Report for July. This is information only, no action needed by the Board.

8. LAWN CARE BID RECOMMENDATION

Mr. Paul Ingram, Building Inspector/ Maintenance Director, presented the Board with the Lawn Care Bid Recommendation. Mr. Ingram informed the Board that the recommendation is to go with Franklin Duffin, Half-Duff Lawncare Inc, he was the lowest bid for both cutting the grass and trimming the shrubs/pine straw. There was discussion from the Board. **MOTION** was made by Commissioner Charlie Dunn, Jr. seconded by Commissioner April Aycock, and carried **THAT** the recommendation to use Half-Duff Lawncare Inc. be **APPROVED** as presented. Commissioner Frank Emory and Commissioner Sondra Ipock-Riggs voted no to approve the recommendation.

9. WATER PROJECT UPDATE AND BID DOCUMENTS APPROVAL

Mr. Franky Howard, County Manager, presented the Board a request for approval of the bid documents for the Water Treatment Plant Project. Mr. Howard, informed the Board that this was not an approval to construct just proceeding with getting bids to see prices. **MOTION** was made by Commissioner James Harper seconded by Commissioner Frank Emory, and

carried **THAT** the request be **APPROVED** as presented. Commissioner Sondra Ipock-Riggs opposed.

10. WORKSHOP REQUEST FOR AUGUST 26-EMERGENCY MANAGEMENT AND FEMA BUYOUT UPDATE

Mr. Franky Howard, County Manager, recommended a workshop for August 26, 2019 to provide updates on ongoing projects. The work session will start at 7 pm at the Ag building.

11. PIEDMONT HEALTH SERVICES AND SICKLE CELL AGENCY

Ms. Anita Douglas, Sickle Cell Educator/Counselor, presented a request to the Board to issue a proclamation for Jones County identifying September as National Sickle Cell Awareness Month. **MOTION** was made by Commissioner Charlie Dunn Jr. seconded by Commissioner Sondra Ipock-Riggs, and unanimously carried **THAT** the Proclamation be **APPROVED** as presented. A copy of the Proclamation is marked **EXHIBIT G** and is hereby incorporated and made a part of the minutes.

12. FIRE DISTRICT MAP APPROVAL

Mr. Timmy Pike presented the Maysville Fire District Map covering the Loco portion of the county for approval. **MOTION** was made by Commissioner Sondra Ipock-Riggs. seconded by Commissioner Frank Emory, and unanimously carried **THAT** the map be **APPROVED** as presented. A copy of the map is marked **EXHIBIT H** and is hereby incorporated and made a part of the minutes.

COUNTY MANAGER'S REPORT

None

COMMISSIONER'S REPORTS

Commissioner James Harper requested the Board adhere to items that are approved and signed by the Board. If the Board is not going to adhere to what is signed then it needs to be pulled from the contracts. This was in reference to the specifics in the County Manager's contract. Also, Commissioner Harper requested an update on the Golden Leaf application for Economic Development.

Commissioner Frank Emory requested a copy of the contract for the lawn bid.

Commissioner Sondra Ipock-Riggs requested information on the reports that the Pollocksville Fire Department radios were turned off during the storm. Also, Commissioner Ipock-Riggs requested a status update on the fire hydrants in the county being fixed.

Commissioner Charlie Dunn Jr. requested and update on the Recreation position and requested information on the School/Committee meeting on the Recreation Department.

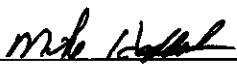
Commissioner April Aycock requested the Board set a date to meet to proceed with the evaluations.

Chairperson Mike Haddock requested the information to proceed with the evaluations.

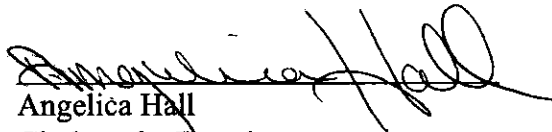
PUBLIC COMMENT

Mr. Pete Danza informed the Board of an opportunity for Jones County to have a Purple Heart Monument. Mr. Danza informed the Board that there were Purple Heart Veterans within the County and this would be a good thing to honor them.

MOTION made by Commissioner Charlie Gray, seconded by Commissioner April Aycock and unanimously carried **THAT** the meeting be **ADJOURNED** at 8:18 p.m.



Mike Haddock
Chairman



Angelica Hall
Clerk to the Board



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

BETH LOVETTE, MPH, BSN, RN • Acting Director

Division of Public Health

July 24, 2019

MEMORANDUM

TO: Amanda Jarman, WIC Director
Jones County Health Department

FROM: *Kim Lovenduski*
Kim Lovenduski, Deputy Director
Nutrition Services Branch

SUBJECT: Equipment Approval

Thank you for submitting your FY2019 Special Funding Opportunity application. We are pleased to provide you with approval to purchase the following items:

ITEM	Quantity	Total Cost
Masimo Pronto Pulse Co-Oximeter	1	\$639.00
Masimo DC-IP SC-1000 Pediatric Sensor	1	\$1,416.00
Masimo DC-I SC-400 Adult Sensor	1	\$858.00
Seca Mobile Stadiometer with Mobile Height Meas.	1	\$242.00
Seca 334 Mobile Electronic Baby Scale	1	\$299.00
Seca Measuring Rod for 334 Mobile Baby Scale	1	\$132.00
Seca Carrying Case for 334 Mobile Baby Scale	1	\$61.00
Seca 400 Power Adapter for Seca Scales	1	\$66.00
Masimo Rad-57 & Pronto Case	1	\$80.00
Seca 874 Flat Scale	1	\$372.00
Seca 876 Case for Flat Scale	1	\$91.48
Total		\$4,256.48

plus shipping and handling and tax

Please note:

1. If the purchase price exceeds the amount approved, you must request approval of the excess before incurring the cost, and use agency funds to cover the additional costs.
2. Submit a copy of the invoice for equipment to the NC Department of Health and Human Services, Nutrition Services Branch, Attention: Karen Mason, 5601 Six Forks Road, 1914

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH • NUTRITION SERVICES BRANCH

LOCATION: 5601 Six Forks Road, Building 2, Raleigh, NC 27609

MAILING ADDRESS: 1914 Mail Service Center, Raleigh, NC 27699-1914

www.ncdhhs.gov • TEL: 919-707-5800 • FAX: 919-870-4818

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Mail Service Center, Raleigh, NC 27699-1914, at the time you report the expenditure. The invoice should indicate the actual cost of each item including discount and sales tax and any serial or identification number.

3. If you no longer wish to purchase the equipment listed above please submit notification to the NC Department of Health and Human Services, Nutrition Services Branch, Attention: Karen Mason, 5601 Six Forks Road, 1914 Mail Service Center, Raleigh, NC 27699-1914.

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Women's and Children's Health Section /
Nutrition Services Branch

DPH Section / Branch Name

Sheila J. Hirt, (919) 707-5793
sheila.hirt@dhhs.nc.gov

DPH Program Contact
(name, phone number, and email)

Service Period

DPH Program Signature _____ **Date** _____
(only required for a negotiable agreement addendum)

Payment Period

- ☐ Original Agreement Addendum
☒ Agreement Addendum Revision # 1

No change.

This Agreement Addendum Revision #1 awards special time-limited funds to the Local Health Department in order to acquire approved equipment or services as described in Section III below.

As of August 1, 2019, this Agreement Addendum Revision #1 adds Paragraph B.11, as follows:

In order to further enhance its ability to continue with the objective of the Special Supplemental Nutrition Program for WIC, the Local Health Department shall use the funds provided under this Agreement Addendum Revision #1 to acquire equipment or services, as has been approved by the Nutrition Services Branch in July 2019. The acquisition will assist the Local Health Department in its efforts to provide supplemental nutritious foods, nutrition education, referrals to health care for low-income persons during critical period of growth and development, promote increased program participation, and encourage participant retention.

No change.

No change.

Date _____

LHD program contact name:
Phone number with area code:
Email address: *qian*

AMANDA JARMAN, RN
252-448-9111 EXT. 3016
mailto:amanda.jarmann@ncscn.org

Revised July 2018

VI. Funding Guidelines or Restrictions:

As of August 1, 2019, this Agreement Addendum Revision #1 adds Paragraph G and H, as follows:

- G. Special funds have been placed in the 'Client Services' category.
- H. Final expenditures for special funds must be entered into the Aid to County System no later than November 15, 2019. This funding is delineated by the code "GK" and shall be used for the purchase of approved special funding equipment and services during the time period of August 1, 2019 through September 30, 2019.

DPH-Aid-To-Counties

For Fiscal Year: 19/20

Budgetary Estimate Number : 7

Activity 403	AA	13A2 5403 GA	13A2 5403 GK	13A2 5404 GA	13A2 5404 GK	13A2 5405 GA	13A2 5405 GK	13A2 5409 GA	13A2 5409 GK	Proposed Total	New Total	
Service Period		10/01-05/31	06/01-09/30	10/01-05/31	06/01-09/30	10/01-05/31	06/01-09/30	10/01-05/31	06/01-09/30			
Payment Period		11/01-06/30	07/01-10/31	11/01-06/30	07/01-10/31	11/01-06/30	07/01-10/31	11/01-06/30	07/01-10/31			
01 Alamance	* 1	0	11,148	0	0	0	0	0	0	200	11,348	757,610
D1 Albemarle	* 2	0	40,535	0	0	0	0	0	0	0	40,535	757,295
02 Alexander	*	0	0	0	0	0	0	0	0	0	0	142,164
04 Anson	* 1	0	992	0	0	0	0	0	0	992	155,036	
D2 Appalachian	*	0	0	0	0	0	0	0	0	0	0	301,554
07 Beaufort	* 1	0	2,762	0	0	0	0	0	0	2,762	279,170	
09 Bladen	*	0	0	0	0	0	0	0	0	0	0	211,068
10 Brunswick	* 1	0	13,114	0	0	0	0	0	0	13,114	505,342	
11 Buncombe	* 1	0	21,280	0	0	0	0	0	0	21,280	826,942	
12 Burke	* 1	0	15,536	0	0	0	0	0	0	15,536	467,966	
13 Cabarrus	* 1	0	18,151	0	0	0	0	0	0	18,151	607,399	
14 Caldwell	*	0	0	0	0	0	0	0	0	0	0	330,462
16 Carteret	* 1	0	2,608	0	0	0	0	0	0	2,608	245,158	
17 Caswell	* 1	0	742	0	0	0	0	0	0	742	105,088	
18 Catawba	* 1	0	6,781	0	0	0	0	0	0	6,781	738,193	
19 Chatham	*	0	0	0	0	0	0	0	0	0	0	0
20 Cherokee	* 1	0	5,504	0	0	0	0	0	0	5,504	144,896	
22 Clay	* 1	0	5,288	0	0	0	0	0	0	5,288	51,224	
23 Cleveland	* 1	0	7,980	0	3,490	0	0	0	1,206	12,676	545,692	
24 Columbus	* 1	0	689	0	0	0	0	0	1,063	1,752	316,572	
25 Craven	*	0	0	0	0	0	0	0	0	0	0	574,200
26 Cumberland	*	0	0	0	0	0	0	0	0	0	0	2,527,074
28 Dare	* 1	0	2,680	0	0	0	0	0	396	3,076	119,104	
29 Davidson	* 1	0	26,105	0	0	0	0	0	0	26,105	664,655	
30 Davie	*	0	0	0	0	0	0	0	0	0	0	160,578
31 Duplin	*	0	0	0	0	0	0	0	0	0	0	413,424
32 Durham	*	0	0	0	0	0	0	0	0	0	0	0
33 Edgecombe	* 1	0	1,676	0	0	0	0	0	0	1,676	348,374	
D7 Foothills	*	0	0	0	0	0	0	0	0	0	0	510,015
34 Forsyth	* 1	0	18,576	0	0	0	0	0	0	18,576	1,672,272	
35 Franklin	* 1	0	8,486	0	0	0	0	0	0	8,486	232,424	
36 Gaston	* 1	0	2,607	0	0	0	0	0	0	2,607	784,509	
38 Graham	*	0	0	0	0	0	0	0	0	0	0	57,618
D3 Gran-Vance	* 1	0	11,876	0	0	0	0	0	0	11,876	488,066	
40 Greene	* 1	0	19,771	0	0	0	0	0	0	19,771	152,827	
41 Guilford	* 1	0	89,981	0	0	0	0	0	0	89,981	2,492,315	
42 Halifax	*	0	0	0	0	0	0	0	0	0	0	305,316
43 Harnett	*	0	0	0	0	0	0	0	0	0	0	623,700
44 Haywood	* 1	0	10,534	0	0	0	0	0	0	10,534	257,044	
45 Henderson	* 1	0	6,988	0	0	0	0	0	0	6,988	394,672	
46 Hertford	*	0	0	0	0	0	0	0	0	0	0	0
47 Hoke	* 1	0	3,845	0	0	0	0	0	0	3,845	375,491	
48 Hyde	* 1	0	5,168	0	0	0	0	0	0	5,168	22,592	
49 Iredell	*	0	0	0	0	0	0	0	0	0	0	642,906
50 Jackson	* 1	0	8,701	0	0	0	0	0	0	8,701	165,319	
51 Johnston	* 1	0	17,148	0	0	0	0	0	0	17,148	715,890	
52 Jones	* 1	0	4,257	0	0	0	0	0	0	4,257	49,401	
53 Lee	* 1	0	2,244	0	0	0	0	0	0	2,244	344,588	
54 Lenoir	* 1	0	13,308	0	0	0	0	0	0	13,308	363,966	
55 Lincoln	* 1	0	3,520	0	0	0	0	0	0	3,520	311,806	
56 Macon	* 1	0	7,994	0	0	0	0	0	0	7,994	187,580	
57 Madison	* 1	0	5,541	0	0	0	0	0	0	5,541	85,533	
D4 M-T-W	* 1	0	14,867	0	0	0	0	0	0	14,867	258,605	
60 Mecklenburg	* 1	0	71,262	0	0	0	0	0	0	71,262	3,814,254	
62 Montgomery	* 1	0	4,913	0	0	0	0	0	0	4,913	169,451	
63 Moore	* 1	0	13,430	0	0	0	0	0	0	13,430	359,138	
64 Nash	*	0	0	0	0	0	0	0	0	0	0	551,430
65 New Hanover	* 1	0	7,682	0	0	0	0	0	1,092	8,774	631,880	

66 Northampton	* 1	0	16,522	0	0	0	0	0	0	16,522	113,344
67 Onslow	*	0	0	0	0	0	0	0	0	0	1,441,044
68 Orange	*	0	0	0	0	0	0	0	0	0	0
69 Pamlico	* 1	0	3,046	0	0	0	0	0	1,370	4,416	61,044
71 Pender	* 1	0	53,447	0	0	0	0	0	0	53,447	341,933
73 Person	* 1	0	15,433	0	345	0	0	0	0	15,778	200,710
74 Pitt	* 1	0	27,086	0	0	0	0	0	0	27,086	880,268
75 Polk	*	0	0	0	0	0	0	0	0	0	43,923
76 Randolph	* 1	0	35,545	0	0	0	0	0	0	35,545	667,759
77 Richmond	* 1	0	14,974	0	0	0	0	0	0	14,974	323,458
78 Robeson	* 1	0	32,554	0	0	0	0	0	0	32,554	846,928
79 Rockingham	*	0	0	0	0	0	0	0	0	0	396,396
80 Rowan	*	0	0	0	0	0	0	0	0	0	481,140
D5 R-P-M	*	0	0	0	0	0	0	0	0	0	50,358
82 Sampson	*	0	0	0	0	0	0	0	0	0	356,994
83 Scotland	*	0	0	0	0	0	0	0	0	0	323,532
84 Stanly	* 1	0	3,882	0	0	0	0	0	0	3,882	294,942
85 Stokes	* 1	0	4,473	0	0	0	0	0	0	4,473	172,179
86 Surry	* 1	0	246,843	0	0	0	0	0	0	246,843	563,247
87 Swain	* 1	0	5,784	0	2,167	0	0	0	0	7,951	65,569
D6 Toe River	* 1	0	10,904	0	0	0	0	0	0	10,904	255,038
88 Transylvania	* 1	0	11,774	0	0	0	0	0	0	11,774	128,396
90 Union	* 1	0	3,759	0	0	0	0	0	0	3,759	618,351
92 Wake	* 1	0	54,291	0	0	0	0	0	0	54,291	2,938,953
93 Warren	* 1	0	9,487	0	0	0	0	0	0	9,487	108,091
96 Wayne	* 1	0	31,537	0	0	0	0	0	0	31,537	864,523
97 Wilkes	*	0	0	0	0	0	0	0	0	0	329,274
98 Wilson	* 1	0	17,142	0	0	0	0	0	0	17,142	519,468
99 Yadkin	* 1	0	1,374	0	0	0	0	0	0	1,374	196,998
Totals		0	1,136,127	0	6,002	0	0	0	5,327	1,147,456	42,900,706

Sign and Date - DPH Program Administrator <i>[Signature]</i> 7-30-19	Sign and Date - DPH Section Chief <i>[Signature]</i> 7/30/19
Sign and Date - DPH Contracts Office <i>[Signature]</i> 7/30/19	Sign and Date - DPH Budget Officer <i>Camela Galli</i> 7/31/19

Camela Galli 7-31-19

FY20 Activity: 403 WIC

Supplement 4

Supplement reason: ☒ In AA+BE or AA+BE Rev -OR- ☐ --

CFDA #: 10.557 Federal awd date: 10/1/18 Is award R&D? no FAIN: 195NC705W1003 Total amount of fed awd: \$ 57,922,492



CFDA Special Supplemental Nutrition Program for
name: Women, Infants and ChildrenFed award
project description: Women, Infants & Children (2 Year)Fed awarding
agency: USDA, Food and Nutrition ServiceFederal award
indirect cost rate: n/a %
%

Subrecipient	Subrecipient DUNS	Fed funds for This Supplement	Total of All Fed Funds for This Activity	Subrecipient	Subrecipient DUNS	Fed funds for This Supplement	Total of All Fed Funds for This Activity
Alamance	965194483	\$11,348	\$757,610	Jackson	019728518	\$8,701	\$165,319
Albemarle	130537822	\$40,535	\$757,295	Johnston	097599104	\$17,148	\$715,890
Alexander	030495105	=	=	Jones	095116935	\$4,257	\$49,401
Anson	847163029	\$992	\$155,036	Lee	067439703	\$2,244	\$344,586
Appalachian	780131541	=	=	Lenoir	042789748	\$13,308	\$363,966
Beaufort	091567776	\$2,762	\$279,170	Lincoln	086869336	\$3,520	\$311,806
Bladen	084171628	=	=	Macon	070626825	\$7,994	\$187,580
Brunswick	091571349	\$13,114	\$505,342	Madison	831052873	\$5,541	\$85,533
Buncombe	879203560	\$21,280	\$826,942	MTW	087204173	\$14,867	\$258,605
Burke	883321205	\$15,536	\$467,966	Mecklenburg	074498353	\$71,262	3,814,254
Cabarrus	143408289	\$18,151	\$607,399	Montgomery	025384603	\$4,913	\$169,451
Caldwell	948113402	=	=	Moore	050988146	\$13,430	\$359,138
Carteret	058735804	\$2,608	\$245,158	Nash	050425677	=	=
Caswell	077846053	\$742	\$105,088	New Hanover	040029563	\$8,774	\$631,880
Catawba	083677138	\$6,781	\$738,193	Northampton	097594477	\$16,522	\$113,344
Chatham	131356607	=	=	Onslow	172663270	=	=
Cherokee	130705072	\$5,504	\$144,896	Orange	139209659	=	=
Clay	145058231	\$5,288	\$51,224	Pamlico	097600456	\$4,416	\$61,044
Cleveland	879924850	\$12,676	\$545,692	Pender	100955413	\$53,447	\$341,933
Columbus	040040016	\$1,752	\$316,572	Person	091563718	\$15,778	\$200,710
Craven	091564294	=	=	Pitt	080889694	\$27,086	\$880,268
Cumberland	123914376	=	=	Polk	079067930	=	=
Dare	082358631	\$3,076	\$119,104	Randolph	027873132	\$35,545	\$667,759
Davidson	077839744	\$26,105	\$664,655	Richmond	070621339	\$14,974	\$323,458
Davie	076526651	=	=	Robeson	082367871	\$32,554	\$846,928
Duplin	095124798	=	=	Rockingham	077847143	=	=
Durham	088564075	=	=	Rowan	074494014	=	=
Edgecombe	093125375	\$1,676	\$348,374	RPM	782359004	=	=
Foothills	782359004	=	=	Sampson	825573975	=	=
Forsyth	105316439	\$18,576	\$1,672,272	Scotland	091564146	=	=
Franklin	084168632	\$8,486	\$232,424	Stanly	131060829	\$3,882	\$294,942
Gaston	071062186	\$2,607	\$784,509	Stokes	085442705	\$4,473	\$172,179
Graham	020952383	=	=	Surry	077821858	\$246,843	\$563,247
Granville-Vance	063347626	\$11,876	\$488,066	Swain	146437553	\$7,951	\$65,569
Greene	091564591	\$19,771	\$152,827	Toe River	113345201	\$10,904	\$255,038
Guilford	071563613	\$89,981	\$2,492,315	Transylvania	030494215	\$11,774	\$128,396
Halifax	014305957	=	=	Union	079051637	\$3,759	\$618,351
Harnett	091565986	=	=	Wake	019625961	\$54,291	\$2,938,953
Haywood	070620232	\$10,534	\$257,044	Warren	030239953	\$9,487	\$108,091
Henderson	085021470	\$6,988	\$394,672	Wayne	040036170	\$31,537	\$864,523
Hoke	091563643	\$3,845	\$375,491	Wilkes	067439950	=	=
Hyde	832526243	\$5,168	\$22,592	Wilson	075585695	\$17,142	\$519,468
Iredell	074504507	=	=	Yadkin	089910624	\$1,374	\$196,998

County Funding Plan

County Jones July 1, 2019 through June 30, 2020

Jones County Department of Social Services
(Name of agency/office with lead responsibility)

 Authorized signature (date)

Chris Harper, Social Services Director
(Type name and title of signatory agent)

DAA5-731 (Rev. 2/16)

County Jones

County Funding Plan

July 1, 2019 through June 30, 2020

County Services Summary

		A			B		C		D		E		F		G		H		I	
		Block Grant Funding			Required Local Match	Net Service Cost	NSIP Subsidy	Total Funding	Projected HCCBG Units	Projected Reimbursement Rate	Projected HCCBG Clients	Projected Total Units								
		Access	In-Home	Other									Total							
Services																				
Congregate Nutrition				75909		8434	84343	8640	92983	11520	7.3188	80	11520							
Home Delivered Meals			46930			5214	52144	6750	58894	9000	5.7938	50	9000							
In Home Aid Level II			12723			1414	14137		14137	927	15.2503	7	927							
In Home Aid Level III			7233			804	8037		8037	527	15.2505	5	527							
Transportation (General)	1000					111	1111		1111	245	4.5347	8	245							
Senior Companion			6972			775	7747		7747	1580	4.9032	6	1580							
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Signature, Chairman, Board of Commissioners

Date _____

Jones County Department of Social Services

418 Highway 58 N., Unit D

Trenton, NC 28585

Home and Community Care Block Grant for Older Adults

DAAS-732

County:

Jones

County Funding Plan

Budget Period:

July 2019 through

Revisi

Original Date:

Provider Services Summary

	Serv. Delivery (Check One)	A				B	C	D	E	F	G	H	I		
		Block Grant Funding				Required Local Match	Net Service Cost	NSIP Subsidy	Total Funding	Projected HCCBG Units	Projected Reimburse Rate*	Projected HCCBG Clients	Projected Total Units		
		Direct	Purchase	Access	In-Home									Other	Total
Services															
Congregate Nutrition			X	-	\$ -	\$ 75,909	\$ 75,909	\$ 8,434	\$ 84,343	\$ 8,640	\$ 92,983	11,520	\$ 7,3214	80	11,520
Home Delivered Meals			X	-	\$ 46,930	\$ -	\$ 46,930	\$ 5,214	\$ 52,144	\$ 6,750	\$ 58,894	9,000	\$ 5,7938	50	9,000
In-Home Aide-Level II - Personal Care			X	-	\$ 12,723	\$ -	\$ 12,723	\$ 1,414	\$ 14,137	\$ -	\$ 14,137	927	\$ 15,2503	7	927
In-Home Aide-Level III - Personal Care			X	-	\$ 7,233	\$ -	\$ 7,233	\$ 804	\$ 8,037	\$ -	\$ 8,037	527	\$ 15,2505	5	527
Transportation (General)			X	\$ 1,000	\$ -	\$ -	\$ 1,000	\$ 111	\$ 1,111	\$ -	\$ 1,111	245	\$ 4,5347	8	245
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*Adult Day Care & Adult Day Health Care Proj. Service Cost/Rate

ADC	ADHC
-----	------

Daily Care

Administrative

Proj. Reimbursement Rate

Administrative %

Certification of required minimum local match availability.

Required local match will be expended simultaneously

with Block Grant Funding.

Authorized Signature, Title

Community Service Provider

Date _____

Signature, County Finance Officer

Date _____

Signature, Chairman, Board of Commissioners

Date _____

Home and Community Care Block Grant for Older Adults

Outreach Methodology

July 1, 2019 through June 30, 2020

Methodology to Address Service Needs of Low Income (Including Low-Income Minority Elderly), Rural Elderly and Elderly with Limited English Proficiency (Older Americans Act, Section 305(a)(2)(E))

Community Service Provider Jones County Department of Social Services

County

Jones

The Older Americans Act requires that the service provider attempt to provide services to low-income minority individuals in accordance to their need for aging services. The community service provider shall specify how the service needs of low income, low-income (including low income minority elderly), rural elderly and elderly with limited English proficiency will be met through the services identified on the Provider Services Summary (DAAS-732). This narrative shall address outreach and service delivery methodologies that will ensure that this target population is adequately served and conform with specific objectives established by the Area Agency on Aging, for providing services to low income minority individuals. Additional pages may be used as necessary.

Jones County is a small rural county located in Eastern North Carolina. The County is home to approximately 10,153 people with 17% of the population being over 65 years of age. The per capita income is \$20,066. Making it one of the lowest in the state of North Carolina.

Jones County Department of Social Services provides In-Home aide Level II and Level III Services to clients within Jones County. As part of the provisions in the In-Home Aide Level II & III services, Jones County Department of Social Services will abide by the standards established by the North Carolina Division of Adult and Aging Services and the Area Agency on Aging.

Jones County Department of Social Services will provide In-Home Aide Level II & III services to low-income minority elderly as well as other elderly clients aged 60 and over in Jones County. In-Home Aide Level II & III services means the provision of care for persons aged 60 and over. These services will include assistance to the person by performing care or home management tasks which are essential to the activities of daily living and keeping the elderly client in their home. Basic daily living (ADL's) activities include: meal preparation, laundering, and reading, writing, and going to necessary activities. This service assists the primary caregivers who require respite care for their

loved ones who are not able to stay at home by themselves for an extended period of time.

In-Home Level II & III Aide assessments and plan of care are completed by Jones County Department of Social services to determine the needs for the individual, the level of care needed, what ADL's and IADL's are needed, and how many hours are needed per week for the individual.

In-Home Level II & III Aide will be contracted with a home health agency. Jones County Department of Social Services will work closely with the contracted agency to ensure the clients' needs are being met, monitor the contract by communication with the contract services, make frequent visits with the clients and caretakers to ensure their services are being met and performed as stated in their plan of care, and conduct in-home visits, while the aide is present. Other tasks Jones County Department of Social Services will be responsible for are ensuring the contract agency completes the In-Home Aide Competency Test and forms for all employed aides, review the daily work performance log with the plan of care to ensure clients are receiving the number of hours stated within the plan of care, the scheduled times the aides are required to work, and the assigned duties the aide is required to complete. If there are any discrepancies noted, Jones County Department of Social Services will ensure these discrepancies will be corrected immediately so clients' needs will continue to be met.

Jones County Department of Social Services put in to place a feedback form for clients who use In-Home Aide services to address issues or concerns they may be experiencing. This form will be sent out twice a year to those clients receiving In-Home Aide services. Any issues or concerns will be addressed by Jones County Department of Social Services.

In addition to In-Home care, Jones County provides additional services to seniors which include a senior services center in Trenton and two nutrition sites in Pollocksville and Comfort, both outlying areas of the county. The Trenton site operates five days a week, Monday through Friday and the ancillary sites currently operate three days per week, Monday, Wednesday and Fridays. All three site provide nutritional meals which are catered by a contracted provider. Seniors who participate in congregate meals are required to register for meal services.

For seniors residing in Jones County who are home-bound, Meals on Wheels are available. These meal are delivered on Mondays and Tuesdays in Trenton, Pollocksville, Comfort and Maysville. There is currently an active waiting list for those seniors who would like to receive home delivered meals.

Each site in Jones County also offers seniors a place to congregate for social interaction. Each site gives seniors an opportunity to engage in organized exercise classes, games, storytelling, informational seminars and in-services that help keep them informed on topics necessary to keep them safe and healthy. Any senior can participate at any of the sites in the county on a drop-in basis.

Seniors are able to provide feedback on the congregate and home delivered meals they receive through a customer service satisfaction survey. This survey also provides them with an opportunity to express their desire or needs for additional services they would be interested in receiving. This is distributed twice yearly to participating seniors.

EXHIBIT C

Budget Amendment

Date: 8/19/2019

Fund: General Fund

Fiscal Year: 2018-2019


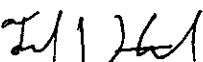


Amendment #5

Increase Revenues

WIC Program	WIC - State	11-0211-4519-03	4,257.00
HCCBG	Congregate Nutrition	11-0212-4586-03	1,000.00
Total Increase in Revenues			5,257.00

Increase Expenditures

WIC Program	Capital Items Under \$5000	11-5167-5500-00	4,257.00
HCCBG	Congregate Nutrition	11-5551-5315-00	1,000.00
Total Increase in Expenditures			5,257.00


Chairman
County Manager
Clerk to the Board
Finance Officer

STATE OF NORTH CAROLINA

Department of

Agriculture and Consumer Services

2019-2020

<u>\$243,669.00</u>	
Total Cooperative Appropriation	
<u>\$158,385.00</u>	65%
State	
<u>\$85,284.00</u>	35%
County	

**AGREEMENT FOR THE PROTECTION, DEVELOPMENT AND IMPROVEMENT OF
FOREST LAND IN JONES COUNTY, NORTH CAROLINA**

THIS AGREEMENT, made under authority of "An act to authorize Counties to cooperate with State in Forest Protection, Reforestation and promotion of Forest Management," (Section 106-925 of the general Statutes of North Carolina – 1943), and also under authority of another Section of the General Statutes, namely Section 106-895, by the North Carolina Department of Agriculture and Consumer Services (hereinafter Called the Department), party of the first part, and the Board of Commissioners of **JONES COUNTY** in the State of North Carolina (hereinafter called the Board), party of the second part, witnesseth:

That WHEREAS the said Board, recognizing the need for active forest protection, development, reforestation, management and improvement in **JONES COUNTY**, has accepted the offer of the Department for cooperation in accomplishing this object:

Now THEREFORE, in consideration of the mutual covenants hereinafter set forth, the said parties contract and agree to maintain a legally appointed and equipped Forest Ranger organization in said county at the joint cost of the State and County, insofar as the joint funds will permit, as follows:

Part I. THE DEPARTMENT AGREES:

1. To select, employ and appoint, after consultation with the Board, a County Forester or County Forest Ranger for the purposes of controlling forest fires in said County; for detecting and extinguishing fires that break out; for investigating the origin of forest, woodland and field fires; for enforcing State forest fire laws; for taking such preventative measures, educational and otherwise, as shall seem necessary to prevent forest fires; for

developing and improving the forests through reforestation promotion and practice of Forest Management practices; and for protection from insects and diseases.

2. To furnish to each Forester or Forest Ranger so employed a badge of office, stationery and report forms, instructional posters for use in the County, leaflets for distributing to landowners and others; to purchase necessary equipment, communication systems, and other Forestry improvements deemed necessary insofar as the joint funds will permit.

3. To pay the Forester or Forest Ranger for all official services rendered, at a fair rate of pay. Rates of pay are to be established by the Department in accord with existing State salary schedules.

4. To direct supervise, instruct, and inspect, through its agents, the work and conduct of the Forester or Forest Ranger, to discipline and, when necessary, discharge such Forester or Forest Ranger.

5. To submit to the Board of Commissioners monthly (or at other mutually satisfactory intervals) an itemized statement of all monies to be paid by the County and those paid by the Department for proper conduct of the work within said County.

6. To make available annually from State, Federal, and other funds allotted to it, the sum of **one hundred fifty-eight thousand three hundred eighty-five dollars (\$158,385.00)** as its share of an annual budget of **\$243,669.00** for carrying the work in said County.

Part II. THE BOARD AGREES:

1. To pay to the Department **35%** of the total cost of the Forester or Forest Ranger salaries and expenses and of other proper expenditures made in connection with the over-all Forestry program in said County, upon receipt and consequent approval of the periodic statements submitted by the Department.

2. To appropriate annually the sum of **eighty-five thousand two hundred and eighty-four dollars (\$85,284.00)** which sum shall be available for expenditure under the terms of this Agreement, and shall represent the County's share of the annual budget.

Part III. IT IS EXPRESSLY AGREED AND UNDERSTOOD BY BOTH PARTIES:

1. That this Agreement becomes effective **July 1, 2019**

2. That the annual appropriation as set forth above may be revised by mutual agreement between the Department and the Board, based on the amount of annual appropriation desirable for the proper conduct of the Forestry work, such revision to become

effective at the beginning of a given Fiscal Year. Any unused balance of County funds remaining at the end of a Fiscal Year shall revert to said County unless otherwise mutually agreed upon by both parties.

3. That the Board reimburse the Department as provided in Part II, Item 1, by forwarding a county voucher drawn in favor of the Department for the amount of the County's share of expenditures as set forth in the Department's periodic statement to the Board. That such payments be made by the Board within thirty days following receipt to the Department's billing.

4. That title to all improvements and equipment purchased and/or constructed in connection with this agreement will rest with the Department; such materials or their equivalent will remain in the County as long as this agreement is in effect, or as long as they are needed by the Department for the proper conduct of the work therein.

5. That the Forester or Forest Ranger periodically or at the request of the Board, shall present to the Board statements of the work being done within the County, so that said Board may be fully informed at the times regarding the Forestry finances and activities within the County.

IN WITNESS WHEREOF, the said parties do hereunto affix their names and seals upon the date herein below specified.

For the Board of County Commissioners of **JONES COUNTY**

Date 8/19/19 W. Michael Hester Chairman

Provisions for the payment of the monies to fall due under this Agreement have been made by appropriation duly made or by bonds or notes duly authorized, as required by the "County Fiscal Control Act."

Date 8/19/19 Brenda C. Reese County Finance Officer

For the North Carolina Department of Agriculture and Consumer Services

Date 8-29-2019 N. David Smith Signature

N. David Smith, Chief Deputy Commissioner

Title

RIGHT-OF - WAY CERTIFICATE

The undersigned, Jones County
hereby certifies except as noted in item 4 below:

1. That the undersigned has acquired and presently holds continuous and adequate rights-of-way on private lands needed for the construction, operation, and maintenance of the facilities to be installed, repaired, or enlarged with the proceeds of a loan made or insured by, and/or a grant from, United States Department of Agriculture and such omissions, defects, or restrictions as may exist will in no substantial way or manner endanger the value or the operation of the facilities.
2. That the undersigned has acquired the necessary permits, franchises, and authorizations or other instruments by whatsoever name designated, from public utilities and public bodies, commissions, or agencies authorizing the construction, operation, and maintenance of the facilities upon, along or across streets, roads, highways, and public utilities.
3. That the attached "Right-of-way Map" shows the location and description of all land and rights-of-way acquired by right of use or adverse possession and by legal conveyances such as right-of-way or easement deeds, permits, or other instruments.
4. Exceptions:
 - A. Jones County is a body politic and corporate of the State of North Carolina. It is not a corporation.

WITNESS WHEREOF, applicant hereunto affixes its name and corporate seal this 19th day of

August, 20 19

W. Michael Haddock

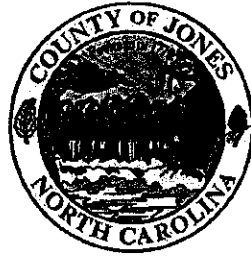
By W. Michael Haddock

Attest:

[Signature]
(Secretary)

Title Chairman

(Affix Corporate Seal Here)



Jones County Internal Policy

Workforce Certifications

Date of Board of Commissioner Adoption: August 19, 2019

REQUIRED WORKFORCE CERTIFICATIONS

Jones County is committed to finding the highest qualified candidates for advertised positions. However, it is also understood that high quality candidates may not have the required credentials upon entering a position for which he/she is hired. As a result, there are times when Jones County will provide the funding for required credentials to ensure the highest possible service to citizens and to reflect the industry, state, and federal credentials and requirements for positions in Jones County Government. In order to ensure that the investment that Jones County makes in providing the resources to fund the acquisition of these required certifications and credentials, Jones County must ask for a commitment of service in order to bear the cost of this professional growth and competitive advantage for the employee.

Required Certifications

For the purpose of this policy, "required certifications" refers to those certifications which Jones County required an employee to obtain in order to better perform the duties of their position. A list of required certifications that fall under this policy will be maintained in the administrative guidelines for this policy and will be subject to update as needed.

Required Service

Employees who do not fulfill their service requirement will be required to repay the County all or a portion of the following charges as applicable:

- Cost of registration for the certification course,
- Cost of any applicable certification tests, and
- Any related travel (to include meals, hotel, and mileage) to take the course and/or test.

An employee who has one of these required certifications paid for by Jones County will be required to provide two (2) years of service in exchange for the payment of the certification. This policy will apply to each individual certification that the employee is required to obtain. In the event that an employee separates from employment before the two-year time-frame expires, the following schedule of repayment is adopted:

Time	%Repayment
0-6 months of employment	100%
6 months, 1 day- 12 months of employment	75%
12 months, 1 day- 18 months of employment	50%
18 months, 1 day- 24 months of employment	25%
24, months and 1 day of employment	0%

The timeline for repayment of the cost of the certification as indicated above begins on the first date that the certification becomes effective and is a requirement of the position.

Application

This policy will apply to all applicable employees effective August 19, 2019. Employees hired before this date will not be subject to this policy unless they 1) begin a new certification course or 2) take a new position with a required certification or 3) agreed to the guidelines in this policy before the policy was adopted.

Adopted this 19st Day of August 2019

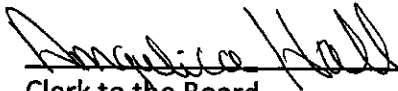


Chairperson, Jones County
Board of Commissioners

ATTEST:



I hereby certify that during a regular meeting of the Jones County Board of Commissioners held on August 19, 2019, the above Workforce Certification Contract was duly adopted.



Clerk to the Board



EXHIBIT F

Hope Avery
Tax Administrator/Assessor

COUNTY OF JONES
JONES COUNTY TAX OFFICE
P.O. Box 87
Trenton, NC 28585-0087
Phone: (252) 448-2546
Fax: (252) 448-1080

Susan Riggs
Tax Collector

August 6, 2019

RE: Donna Lee Brown
Late Application for Property Tax Relief – Elderly or Disabled Exclusion

Since this application was received by the tax office on August 6, 2019 after the close of the listing period, which is January 31st. It is left to the discretion of the board to approve or deny any late application per N.C. Gen. Stat §105-282.1(a1).

Which states:

(a1) Late Application. - Upon a showing of good cause by the applicant for failure to make a timely application, an application for exemption or exclusion filed after the close of the listing period may be approved by the Department of Revenue, the board of equalization and review, the board of county commissioners, or the governing body of a municipality, as appropriate. An untimely application for exemption or exclusion approved under this subsection applies only to property taxes levied by the county or municipality in the calendar year in which the untimely application is filed.

AV-9

Web
7-18**Application for Property Tax Relief**Elderly or Disabled Exclusion (G.S. 105-277.1),
Disabled Veteran Exclusion (G.S. 105-277.1C), or
Circuit Breaker Tax Deferment Program (G.S. 105-277.1B)

AUG 06 2019

RECEIVEDCounty of JONES, NC

Year 2019

Instructions

Application Deadline: This application must be filed by June 1st to be timely filed. You may submit additional information separately if needed.

Where to Submit Application: Submit this application to the county tax assessor where this property is located. County tax assessor addresses and telephone numbers can be found online at: <https://www.ncdor.gov/documents/north-carolina-county-assessors-list>. DO NOT submit this application to the North Carolina Department of Revenue.

- Office Use Only:

Property ID Number543215798300**Last Name of Applicant**BROWN**First Name**Donna**Middle Name**Lee**Date of Birth (MM-DD-YY)**10-13-1953**Last Name of Spouse****First Name****Middle Name****Date of Birth (MM-DD-YY)****Residence Address**305 Maple Ave PO Box 896**City**Mayville**State**NC**Zip Code**28555**Mailing Address (if different from residence address)**PO Box 896**City**Mayville**State**NC**Zip Code**28555**E-mail Address**donnabrown305@gmail.com**Home Telephone Number**910 595 4039**Work Telephone Number****Ext.****Cell Phone Number**910 581 9390**Fill in applicable boxes:**☒ Yes ☐ No ➤ Is this property your permanent legal residence?

Addresses of secondary residences (if any):

☐ Yes ☐ No ➤ If married, does your spouse live with you in the residence? If you answer **No**, provide your spouse's address.

Addresses of spouse:

☐ Yes ☒ No ➤ Are you or your spouse (if applicable) currently residing in a health care facility? If you answer **Yes**, fill in applicable circle☐ Applicant ☐ Spouse and indicate current length of stay:☒ Yes ☐ No ➤ As of January 1, 2019 do you and your spouse (if applicable) own 100% interest in the property? If you answer **No**, list all owners and their ownership percentage (round to the nearest 0.1%):

Owner

%

Owner

%

Owner

%

Owner

%

Owner

%

Owner

%

Note: Separate applications are required for each owner that is claiming property tax relief. If husband and wife own the property, only one application is required.

Part 1. Selecting the Program

Each owner may receive benefit from only one of the three property tax relief programs, even though you may meet the requirements for more than one program.

However, it is possible that the tax rates or tax values may not be established until some time after the filing of this application. This can make it difficult for you to determine which program you prefer. The following procedures will help to resolve this situation.

Applying for One Program

If you know that you only wish to apply for one program, indicate only that program at the bottom of this section. The assessor will review your application and send you a notice of decision. The notice of decision will also explain the procedures to appeal if you do not agree with the decision of the assessor.

Applying for More Than One Program

Each owner is eligible to receive benefit from only one program. However, if you think you meet the requirements for more than one program but, as a result of the uncertainty of tax rates or values at the time of application, you are unable to make a decision on which one program you wish to choose, indicate all of the programs at the bottom of this section for which you wish to receive consideration. When the tax rates and values are determined, the assessor will review your application and will send you a letter notifying you of your options. If the letter indicates that you do not qualify or if you disagree with any decision in the letter, you may appeal. **You must respond to the option letter within the specified time period or it will be assumed that you do not wish to participate in any of the property tax relief programs.** In that case, you will be so notified and you will have the chance to appeal.

Please read the descriptions and requirements of the three programs on the following pages and then select the program(s) for which you are applying:

Fill in applicable circles:

- ☐ Elderly or Disabled Exclusion
- ☐ Disabled Veteran Exclusion
- ☐ Circuit Breaker Tax Deferment Program

You Must Complete:

- Parts 2, 5, 6
- Parts 3, 6
- Parts 4, 5, 6

If you select more than one program, please read ALL of the information on this page!

Part 2. Elderly or Disabled Exclusion

Short Description: This program excludes the greater of the first \$25,000 or 50% of the appraised value of the permanent residence of a qualifying owner. A qualifying owner must either be at least 65 years of age or be totally and permanently disabled. The owner cannot have an income amount for the previous year that exceeds the income eligibility limit for the current year, which for the 2019 tax year is **\$30,200**. See G.S. 105-277.1 for the full text of the statute.

Multiple Owners: Benefit limitations may apply when there are multiple owners. Each owner must file a separate application (other than husband and wife). Each eligible owner may receive benefits under either the **Elderly or Disabled Exclusion** or the **Disabled Veteran Exclusion**. The Circuit Breaker Property Tax Deferment cannot be combined with either of these two programs.

Fill in applicable boxes:

☒ Yes ☐ No As of January 1, were either you or your spouse (if applicable) at least 65 years of age? If you answer **Yes**, you do not have to file **Form AV-9A Certification of Disability**.

☐ Yes ☒ No As of January 1, were you and your spouse (if applicable) both less than 65 years of age and at least one of you was totally and permanently disabled? If you answer **Yes**, you must file **Form AV-9A Certification of Disability**.

- Requirements:
1. File **Form AV-9A Certification of Disability** if required above.
 2. Complete **Part 5. Income Information**.
 3. Complete **Part 6. Affirmation and Signature**.

Part 3. Disabled Veteran Exclusion

Short Description: This program excludes up to the first \$45,000 of the appraised value of the permanent residence of a disabled veteran. A disabled veteran is defined as a veteran whose character of service at separation was honorable or under honorable conditions and who has a total and permanent service-connected disability or who received benefits for specially adapted housing under 38 U.S.C. 2101. There is no age or income limitation for this program. This benefit is also available to a surviving spouse (who has not remarried) of either (1) a disabled veteran as defined above, (2) a veteran who died as a result of a service-connected condition whose character of service at separation was honorable or under honorable conditions, or (3) a servicemember who died from a service-connected condition in the line of duty and not as a result of willful misconduct. See G.S. 105-277.1C for the full text of the statute.

Multiple Owners: Benefit limitations may apply when there are multiple owners. Each owner must file a separate application (other than husband and wife). Each eligible owner may receive benefits under either the Disabled Veteran Exclusion or the Elderly or Disabled Exclusion. The Circuit Breaker Property Tax Deferment cannot be combined with either of these two programs.

Fill in applicable boxes:

☐ Yes ☒ No I am a disabled veteran. (See definition of disabled veteran above.)

☐ Yes ☒ No I am the surviving spouse of either a disabled veteran or a servicemember who met the conditions in the description above. If you answer Yes, complete the next question.

☐ Yes ☐ No I am currently unmarried and I have never remarried since the death of the veteran.

- Requirements:
1. File Form NCDVA-9 Certification for Disabled Veteran's Property Tax Exclusion. This form must first be certified by the United States Department of Veterans Affairs, and then filed with the county tax assessor.
 2. Complete Part 6. Affirmation and Signature.

Part 4. Circuit Breaker Property Tax Deferment

Short Description: Under this program, taxes for each year are limited to a percentage of the qualifying owner's income. A qualifying owner must either be at least 65 years of age or be totally and permanently disabled. For an owner whose income amount for the previous year does not exceed the income eligibility limit for the current year, which for the 2019 tax year is \$30,200, the owner's taxes will be limited to four percent (4%) of the owner's income. For an owner whose income exceeds the income eligibility limit (\$30,200) but does not exceed 150% of the income eligibility limit, which for the 2019 tax year is \$45,300, the owner's taxes will be limited to five percent (5%) of the owner's income.

However, the taxes over the limitation amount are deferred and remain a lien on the property. The last three years of deferred taxes prior to a disqualifying event will become due and payable, with interest, on the date of the disqualifying event. Interest accrues on the deferred taxes as if they had been payable on the dates on which they would have originally become due. Disqualifying events are death of the owner, transfer of the property, and failure to use the property as the owner's permanent residence. Exceptions and special provisions apply. See G.S. 105-277.1B for the full text of the statute.

YOU MUST FILE A NEW APPLICATION FOR THIS PROGRAM EVERY YEAR!!

Multiple Owners: Each owner (other than husband and wife) must file a separate application. All owners must qualify and elect to defer taxes under this program or no benefit is allowed under this program. The Circuit Breaker Property Tax Deferment cannot be combined with either the Elderly or Disabled Exclusion or the Disabled Veteran Exclusion.

Fill in applicable boxes:

☐ Yes ☐ No As of January 1, were either you or your spouse (if applicable) at least 65 years of age? If you answer Yes, you do not have to file Form AV-9A Certification of Disability.

☐ Yes ☐ No As of January 1, were you and your spouse (if applicable) both less than 65 years of age and at least one of you was totally and permanently disabled? If you answer Yes, you must file Form AV-9A Certification of Disability.

☐ Yes ☐ No Have you owned the property for the last five full years prior to January 1 of this year and occupied the property for a total of five years?

☐ Yes ☐ No Do all owners of this property qualify for this program and elect to defer taxes under this program? If you answer No, the property cannot receive benefit under this program.

- Requirements:
1. File Form AV-9A Certification of Disability if required above.
 2. Complete Part 5. Income Information.
 3. Complete Part 6. Affirmation and Signature.

Social Security Number (SSN) disclosure is mandatory for approval of the Elderly or Disabled Exclusion and the Circuit Breaker Property Tax Deferment Program and will be used to establish the identification of the applicant. The SSN may be used for verification of information provided on this application. The authority to require this number is given by 42 U.S.C. Section 405(c)(2)(C)(i). The SSN and all income tax information will be kept confidential. The SSN may also be used to facilitate collection of property taxes if you do not timely and voluntarily pay the taxes. Using the SSN will allow the tax collector to claim payment of an unpaid property tax bill from any State income tax refund that might otherwise be owed to you. Your SSN may be shared with the State for this purpose. In addition, your SSN may be used to garnish wages or attach bank accounts for failure to timely pay taxes.

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1. You must provide a copy of your individual Federal Income Tax Return for the previous calendar year, unless you are not required to file a Federal Income Tax Return. Married applicants filing separate returns must submit both returns. If you have not filed your Federal Income Tax Return at the time you submit this application, submit a copy when you file your return. Your income tax returns are confidential and will be treated as such. Your application will not be processed until the income tax information is received. Please check the appropriate box concerning the submission of your Federal Income Tax Return.

☒ Federal Income Tax Return submitted with this application.
☐ Federal Income Tax Return will be submitted when filed with the IRS.
☐ I will not file a Federal Income Tax Return with the IRS for the previous calendar year.

- | | |
|---|-----------|
| a. Wages, Salaries, Tips, etc | \$ |
| b. Interest (Taxable and Tax Exempt) | \$ |
| c. Dividends | \$ |
| d. Capital Gains | \$ |
| e. IRA Distributions | \$ |
| f. Pensions and Annuities | \$ |
| g. Disability Payments (not included in Pensions and Annuities) | \$ |
| h. Social Security Benefits (Taxable and Tax Exempt) | \$ |
| i. All other moneys received (Describe in Comments section.) | \$ |
| Total | \$ |

INFORMATION IS SUBJECT TO VERIFICATION WITH THE NORTH CAROLINA DEPARTMENT OF REVENUE.

Part 6. Affirmation and Signature

AFFIRMATION OF APPLICANT – Under penalties prescribed by law, I hereby affirm that, to the best of my knowledge and belief, all information furnished by me in connection with this application is true and complete. Furthermore, I understand that if I participate in the Circuit Breaker Property Tax Deferment Program, liens for the deferred taxes will exist on my property, and that when a disqualifying event occurs, the taxes for the year of the disqualifying event will be fully taxed and the last three years of deferred taxes prior to the disqualifying event will become due and payable, with all applicable interest.

Donna La Brown

Applicant's Name (please print)

Applicant's Signature

07.29.2019

Date

Spouse's Name (please print)

Spouse's Signature

Date

Refer to the Instructions on Page 1 for filing information and filing location.*

Office Use Only

Approved: Y / N

☐ Elderly/Disabled☐ Disabled Veteran☐ Circuit Breaker:☐ 4%☐ 5%

Date: ____/____/____ By: ____ Comments: ____

AV-9A Received: ____/____/____ NCDVA-9 Received: ____/____/____

FITR Received: ____/____/____ Income: \$____

***All applications must be submitted by June 1 to be timely filed.**

Late Applications: Upon a showing of good cause by the applicant for failure to make a timely application, an application for exemption or exclusion filed after the [due date] may be approved by the Department of Revenue, the board of equalization and review, the board of county commissioners, or the governing body of a municipality, as appropriate. An untimely application for exemption or exclusion approved under this subsection applies only to property taxes levied by the county or municipality in the calendar year in which the untimely application is filed. [N.C.G.S. 105-282.1(a1)]



COUNTY OF JONES
JONES COUNTY TAX OFFICE
P.O. Box 87
Trenton, NC 28585-0087
Phone: (252) 448-2546
Fax: (252) 448-1080

Hope Avery
Tax Administrator/Assessor

Susan Riggs
Tax Collector

August 6, 2019

RE: Claudia Mae Strayhorn
Late Application for Property Tax Relief – Elderly or Disabled Exclusion

Since this application was received by the tax office on August 6, 2019 after the close of the listing period, which is January 31st. It is left to the discretion of the board to approve or deny any late application per N.C. Gen. Stat §105-282.1(a1).

Which states:

(a1) Late Application. - Upon a showing of good cause by the applicant for failure to make a timely application, an application for exemption or exclusion filed after the close of the listing period may be approved by the Department of Revenue, the board of equalization and review, the board of county commissioners, or the governing body of a municipality, as appropriate. An untimely application for exemption or exclusion approved under this subsection applies only to property taxes levied by the county or municipality in the calendar year in which the untimely application is filed.

AV-9
Web
7-18

Application for Property Tax Relief
Elderly or Disabled Exclusion (G.S. 105-277.1),
Disabled Veteran Exclusion (G.S. 105-277.1C), or
Circuit Breaker Tax Deferment Program (G.S. 105-277.1B)

RECEIVED
JUL 31 2019

Tax Department

County of Jones, NC

Year 2019

Instructions

Application Deadline: This application must be filed by June 1st to be timely filed. You may submit additional information separately if needed.

Where to Submit Application: Submit this application to the county tax assessor where this property is located. County tax assessor addresses and telephone numbers can be found online at: <https://www.ncdor.gov/documents/north-carolina-county-assessors-list>. DO NOT submit this application to the North Carolina Department of Revenue.

- Office Use Only:

Property ID Number			
Last Name of Applicant	First Name	Middle Name	Date of Birth (MM-DD-YY)
Strayhorn	Claudia	Mae	12-04-1940
Last Name of Spouse	First Name	Middle Name	Date of Birth (MM-DD-YY)
NA			
Residence Address			
137 Killeys Murphy Rd			
City	State	Zip Code	
Rockwell	NC	28573	
Mailing Address (if different from residence address)			
Same			
City	State	Zip Code	
E-mail Address			
NA			
Home Telephone Number	Work Telephone Number	Ext.	Cell Phone Number
(252) 460-0017	NA		

Fill in applicable boxes:

☒ Yes ☐ No ➤ Is this property your permanent legal residence?

Addresses of secondary residences (if any):

☐ Yes ☒ No ➤ If married, does your spouse live with you in the residence? If you answer **No**, provide your spouse's address.

Addresses of spouse: Deceased

☐ Yes ☒ No ➤ Are you or your spouse (if applicable) currently residing in a health care facility? If you answer **Yes**, fill in applicable circle

Applicant Spouse and indicate current length of stay:

☒ Yes ☐ No ➤ As of January 1, 2019 do you and your spouse (if applicable) own 100% interest in the property? If you answer **No**, list all owners and their ownership percentage (round to the nearest 0.1%):

Owner	%	Owner	%
Owner	%	Owner	%
Owner	%	Owner	%

Note: Separate applications are required for each owner that is claiming property tax relief. If husband and wife own the property, only one application is required.

Part 1. Selecting the Program

Each owner may receive benefit from only one of the three property tax relief programs, even though you may meet the requirements for more than one program.

However, it is possible that the tax rates or tax values may not be established until some time after the filing of this application. This can make it difficult for you to determine which program you prefer. The following procedures will help to resolve this situation.

Applying for One Program

If you know that you only wish to apply for one program, indicate only that program at the bottom of this section. The assessor will review your application and send you a notice of decision. The notice of decision will also explain the procedures to appeal if you do not agree with the decision of the assessor.

Applying for More Than One Program

Each owner is eligible to receive benefit from only one program. However, if you think you meet the requirements for more than one program but, as a result of the uncertainty of tax rates or values at the time of application, you are unable to make a decision on which one program you wish to choose, indicate all of the programs at the bottom of this section for which you wish to receive consideration. When the tax rates and values are determined, the assessor will review your application and will send you a letter notifying you of your options. If the letter indicates that you do not qualify or if you disagree with any decision in the letter, you may appeal. You must respond to the option letter within the specified time period or it will be assumed that you do not wish to participate in any of the property tax relief programs. In that case, you will be so notified and you will have the chance to appeal.

Please read the descriptions and requirements of the three programs on the following pages and then select the program(s) for which you are applying:

Fill in applicable circles:

- ☒ Elderly or Disabled Exclusion
☐ Disabled Veteran Exclusion
☐ Circuit Breaker Tax Deferment Program

You Must Complete:

- Parts 2, 5, 6
 Parts 3, 6
 Parts 4, 5, 6

If you select more than one program, please read ALL of the information on this page!

Part 2. Elderly or Disabled Exclusion

Short Description: This program excludes the greater of the first \$25,000 or 50% of the appraised value of the permanent residence of a qualifying owner. A qualifying owner must either be at least 65 years of age or be totally and permanently disabled. The owner cannot have an income amount for the previous year that exceeds the income eligibility limit for the current year, which for the 2019 tax year is \$30,200. See G.S. 105-277.1 for the full text of the statute.

Multiple Owners: Benefit limitations may apply when there are multiple owners. Each owner must file a separate application (other than husband and wife). Each eligible owner may receive benefits under either the Elderly or Disabled Exclusion or the Disabled Veteran Exclusion. The Circuit Breaker Property Tax Deferment cannot be combined with either of these two programs.

Fill in applicable boxes:

- ☒ Yes ☐ No As of January 1, were either you or your spouse (if applicable) at least 65 years of age? If you answer Yes, you do not have to file Form AV-9A Certification of Disability.
- ☐ Yes ☒ No As of January 1, were you and your spouse (if applicable) both less than 65 years of age and at least one of you was totally and permanently disabled? If you answer Yes, you must file Form AV-9A Certification of Disability.

- Requirements:
1. File Form AV-9A Certification of Disability if required above.
 2. Complete Part 5, Income Information.
 3. Complete Part 6, Affirmation and Signature.

Part 3. Disabled Veteran Exclusion

Short Description: This program excludes up to the first \$45,000 of the appraised value of the permanent residence of a disabled veteran. A disabled veteran is defined as a veteran whose character of service at separation was honorable or under honorable conditions and who has a total and permanent service-connected disability or who received benefits for specially adapted housing under 38 U.S.C. 2101. There is no age or income limitation for this program. This benefit is also available to a surviving spouse (who has not remarried) of either (1) a disabled veteran as defined above, (2) a veteran who died as a result of a service-connected condition whose character of service at separation was honorable or under honorable conditions, or (3) a servicemember who died from a service-connected condition in the line of duty and not as a result of willful misconduct. See G.S. 105-277.1C for the full text of the statute.

Multiple Owners: Benefit limitations may apply when there are multiple owners. Each owner must file a separate application (other than husband and wife). Each eligible owner may receive benefits under either the Disabled Veteran Exclusion or the Elderly or Disabled Exclusion. The Circuit Breaker Property Tax Deferment cannot be combined with either of these two programs.

Fill in applicable boxes:

☐ Yes ☒ No I am a disabled veteran. (See definition of disabled veteran above.)

☐ Yes ☒ No I am the surviving spouse of either a disabled veteran or a servicemember who met the conditions in the description above. If you answer Yes, complete the next question.

☐ Yes ☐ No I am currently unmarried and I have never remarried since the death of the veteran.

- Requirements:
1. File Form NCDVA-9 Certification for Disabled Veteran's Property Tax Exclusion. This form must first be certified by the United States Department of Veterans Affairs, and then filed with the county tax assessor.
 2. Complete Part 6. Affirmation and Signature.

Part 4. Circuit Breaker Property Tax Deferment

Short Description: Under this program, taxes for each year are limited to a percentage of the qualifying owner's income. A qualifying owner must either be at least 65 years of age or be totally and permanently disabled. For an owner whose income amount for the previous year does not exceed the income eligibility limit for the current year, which for the 2019 tax year is \$30,200, the owner's taxes will be limited to four percent (4%) of the owner's income. For an owner whose income exceeds the income eligibility limit (\$30,200) but does not exceed 150% of the income eligibility limit, which for the 2019 tax year is \$45,300, the owner's taxes will be limited to five percent (5%) of the owner's income.

However, the taxes over the limitation amount are deferred and remain a lien on the property. The last three years of deferred taxes prior to a disqualifying event will become due and payable, with interest, on the date of the disqualifying event. Interest accrues on the deferred taxes as if they had been payable on the dates on which they would have originally become due. Disqualifying events are death of the owner, transfer of the property, and failure to use the property as the owner's permanent residence. Exceptions and special provisions apply. See G.S. 105-277.1B for the full text of the statute.

YOU MUST FILE A NEW APPLICATION FOR THIS PROGRAM EVERY YEAR!!

Multiple Owners: Each owner (other than husband and wife) must file a separate application. All owners must qualify and elect to defer taxes under this program or no benefit is allowed under this program. The Circuit Breaker Property Tax Deferment cannot be combined with either the Elderly or Disabled Exclusion or the Disabled Veteran Exclusion.

Fill in applicable boxes:

☐ Yes ☐ No As of January 1, were either you or your spouse (if applicable) at least 65 years of age? If you answer Yes, you do not have to file Form AV-9A Certification of Disability.

☐ Yes ☐ No As of January 1, were you and your spouse (if applicable) both less than 65 years of age and at least one of you was totally and permanently disabled? If you answer Yes, you must file Form AV-9A Certification of Disability.

☐ Yes ☐ No Have you owned the property for the last five full years prior to January 1 of this year and occupied the property for a total of five years?

☐ Yes ☐ No Do all owners of this property qualify for this program and elect to defer taxes under this program? If you answer No, the property cannot receive benefit under this program.

- Requirements:
1. File Form AV-9A Certification of Disability if required above.
 2. Complete Part 5. Income Information.
 3. Complete Part 6. Affirmation and Signature.

Part 5. Income Information (complete only if you also completed Part 2 or Part 4)

Social Security Number (SSN) disclosure is mandatory for approval of the Elderly or Disabled Exclusion and the Circuit Breaker Property Tax Deferment Program and will be used to establish the identification of the applicant. The SSN may be used for verification of information provided on this application. The authority to require this number is given by 42 U.S.C. Section 405(c)(2)(C)(i). The SSN and all income tax information will be kept confidential. The SSN may also be used to facilitate collection of property taxes if you do not timely and voluntarily pay the taxes. Using the SSN will allow the tax collector to claim payment of an unpaid property tax bill from any State income tax refund that might otherwise be owed to you. Your SSN may be shared with the State for this purpose. In addition, your SSN may be used to garnish wages or attach bank accounts for failure to timely pay taxes.

Applicant's Social Security Number

[REDACTED]

Spouse's Social Security Number

NA

Requirements:

1. You must provide a copy of your individual Federal Income Tax Return for the previous calendar year, unless you are not required to file a Federal Income Tax Return. Married applicants filing separate returns must submit both returns. If you have not filed your Federal Income Tax Return at the time you submit this application, submit a copy when you file your return. Your income tax returns are confidential and will be treated as such. Your application will not be processed until the income tax information is received. Please check the appropriate box concerning the submission of your Federal Income Tax Return.

Fill in applicable box:

- ☐ Federal Income Tax Return submitted with this application.
- ☐ Federal Income Tax Return will be submitted when filed with the IRS.
- ☒ I will not file a Federal Income Tax Return with the IRS for the previous calendar year.

2. Provide the income information requested below for the previous calendar year. Provide the total amount for both spouses. If you do not file a Federal Income Tax Return, you must attach documentation of the income that you report below (W-2, SSA-1099, 1099-R, 1099-INT, 1099-DIV, financial institution statements, etc.).

a. Wages, Salaries, Tips, etc	\$	
b. Interest (Taxable and Tax Exempt)	\$	
c. Dividends	\$	
d. Capital Gains	\$	
e. IRA Distributions	\$	
f. Pensions and Annuities	\$	2,326
g. Disability Payments (not included in Pensions and Annuities)	\$	
h. Social Security Benefits (Taxable and Tax Exempt)	\$	12,844
i. All other moneys received (Describe in Comments section.)	\$	
Total	\$	15,180

Comments:

INFORMATION IS SUBJECT TO VERIFICATION WITH THE NORTH CAROLINA DEPARTMENT OF REVENUE.

Part 6. Affirmation and Signature

AFFIRMATION OF APPLICANT – Under penalties prescribed by law, I hereby affirm that, to the best of my knowledge and belief, all information furnished by me in connection with this application is true and complete. Furthermore, I understand that if I participate in the Circuit Breaker Property Tax Deferment Program, liens for the deferred taxes will exist on my property, and that when a disqualifying event occurs, the taxes for the year of the disqualifying event will be fully taxed and the last three years of deferred taxes prior to the disqualifying event will become due and payable, with all applicable interest.

Charlotte Mae Story Howard
Applicant's Name (please print)

Charlotte Mae Story Howard
Applicant's Signature

7/29/18
Date

Spouse's Name (please print)

Spouse's Signature

Date

Refer to the Instructions on Page 1 for filing information and filing location.*

Office Use Only

Approved: Y / N

☐ Elderly/Disabled

☐ Disabled Veteran

☐ Circuit Breaker:

☐ 4%

☐ 5%

Date: ____/____/____ By: _____ Comments: _____

AV-9A Received: ____/____/____ NCDVA-9 Received: ____/____/____

FITR Received: ____/____/____ Income: \$ _____

***All applications must be submitted by June 1 to be timely filed.**

Late Applications: Upon a showing of good cause by the applicant for failure to make a timely application, an application for exemption or exclusion filed after the [due date] may be approved by the Department of Revenue, the board of equalization and review, the board of county commissioners, or the governing body of a municipality, as appropriate. An untimely application for exemption or exclusion approved under this subsection applies only to property taxes levied by the county or municipality in the calendar year in which the untimely application is filed. [N.C.G.S. 105-282.1(a1)]



COUNTY OF JONES
JONES COUNTY TAX OFFICE
P.O. Box 87
Trenton, NC 28585-0087
Phone: (252) 448-2546
Fax: (252) 448-1080

Hope Avery
Tax Administrator/Assessor

Susan Riggs
Tax Collector

August 8, 2019

RE: Fleming Cecil Jones
Late Application for Property Tax Relief – Elderly or Disabled Exclusion

Since this application was received by the tax office on August 8, 2019 after the close of the listing period, which is January 31st. It is left to the discretion of the board to approve or deny any late application per N.C. Gen. Stat §105-282.1(a1).

Which states:

(a1) Late Application. - Upon a showing of good cause by the applicant for failure to make a timely application, an application for exemption or exclusion filed after the close of the listing period may be approved by the Department of Revenue, the board of equalization and review, the board of county commissioners, or the governing body of a municipality, as appropriate. An untimely application for exemption or exclusion approved under this subsection applies only to property taxes levied by the county or municipality in the calendar year in which the untimely application is filed.

AV-9

Web
7-18

Application for Property Tax Relief

Elderly or Disabled Exclusion (G.S. 105-277.1),
Disabled Veteran Exclusion (G.S. 105-277.1C), or
Circuit Breaker Tax Deferment Program (G.S. 105-277.1B)

Jones County

AUG 08 2019

Tax Department

County of JONES, NC

Year 2019

Instructions

Application Deadline: This application must be filed by June 1st to be timely filed. You may submit additional information separately if needed.

Where to Submit Application: Submit this application to the county tax assessor where this property is located. County tax assessor addresses and telephone numbers can be found online at: <https://www.ncdor.gov/documents/north-carolina-county-assessors-list>. DO NOT submit this application to the North Carolina Department of Revenue.

- Office Use Only:

Property ID Number

446828750200

Last Name of Applicant

Jones

First Name

Fleming

Middle Name

Ceci

Date of Birth (MM-DD-YY)

08-29-52

Last Name of Spouse

First Name

Middle Name

Date of Birth (MM-DD-YY)

Residence Address

1523 Chingquapin Ch Rd

City

Trenton

State

Zip Code

NC

28585

Mailing Address (if different from residence address)

City

State

Zip Code

E-mail Address

Home Telephone Number

Work Telephone Number

Ext.

Cell Phone Number

252-670-1963

Fill in applicable boxes:

☒ Yes ☐ No ➤ Is this property your permanent legal residence?

Addresses of secondary residences (if any):

☐ Yes ☐ No ➤ If married, does your spouse live with you in the residence? If you answer **No**, provide your spouse's address.

Addresses of spouse:

Spouse deceased

☐ Yes ☒ No ➤ Are you or your spouse (if applicable) currently residing in a health care facility? If you answer **Yes**, fill in applicable circle
☐ Applicant ☐ Spouse and indicate current length of stay:

☒ Yes ☐ No ➤ As of January 1, 2019 do you and your spouse (if applicable) own 100% interest in the property? If you answer **No**, list all owners and their ownership percentage (round to the nearest 0.1%):

Owner		%	Owner		%
Owner		%	Owner		%
Owner		%	Owner		%

Note: Separate applications are required for each owner that is claiming property tax relief. If husband and wife own the property, only one application is required.

Part 1. Selecting the Program

Each owner may receive benefit from only one of the three property tax relief programs, even though you may meet the requirements for more than one program.

However, it is possible that the tax rates or tax values may not be established until some time after the filing of this application. This can make it difficult for you to determine which program you prefer. The following procedures will help to resolve this situation.

Applying for One Program

If you know that you only wish to apply for one program, indicate only that program at the bottom of this section. The assessor will review your application and send you a notice of decision. The notice of decision will also explain the procedures to appeal if you do not agree with the decision of the assessor.

Applying for More Than One Program

Each owner is eligible to receive benefit from only one program. However, if you think you meet the requirements for more than one program but, as a result of the uncertainty of tax rates or values at the time of application, you are unable to make a decision on which one program you wish to choose, indicate all of the programs at the bottom of this section for which you wish to receive consideration. When the tax rates and values are determined, the assessor will review your application and will send you a letter notifying you of your options. If the letter indicates that you do not qualify or if you disagree with any decision in the letter, you may appeal. You must respond to the option letter within the specified time period or it will be assumed that you do not wish to participate in any of the property tax relief programs. In that case, you will be so notified and you will have the chance to appeal.

Please read the descriptions and requirements of the three programs on the following pages and then select the program(s) for which you are applying:

Fill in applicable circles:

- ☒ Elderly or Disabled Exclusion
- ☐ Disabled Veteran Exclusion
- ☐ Circuit Breaker Tax Deferment Program

You Must Complete:

- Parts 2, 5, 6
- Parts 3, 6
- Parts 4, 5, 6

If you select more than one program, please read ALL of the information on this page!

Part 2. Elderly or Disabled Exclusion

Short Description: This program excludes the greater of the first \$25,000 or 50% of the appraised value of the permanent residence of a qualifying owner. A qualifying owner must either be at least 65 years of age or be totally and permanently disabled. The owner cannot have an income amount for the previous year that exceeds the income eligibility limit for the current year, which for the 2019 tax year is \$30,200. See G.S. 105-277.1 for the full text of the statute.

Multiple Owners: Benefit limitations may apply when there are multiple owners. Each owner must file a separate application (other than husband and wife). Each eligible owner may receive benefits under either the Elderly or Disabled Exclusion or the Disabled Veteran Exclusion. The Circuit Breaker Property Tax Deferment cannot be combined with either of these two programs.

Fill in applicable boxes:

- ☒ Yes ☐ No As of January 1, were either you or your spouse (if applicable) at least 65 years of age? If you answer Yes, you do not have to file Form AV-9A Certification of Disability.
- ☒ Yes ☐ No As of January 1, were you and your spouse (if applicable) both less than 65 years of age and at least one of you was totally and permanently disabled? If you answer Yes, you must file Form AV-9A Certification of Disability.

- Requirements:
1. File Form AV-9A Certification of Disability if required above.
 2. Complete Part 5. Income Information.
 3. Complete Part 6. Affirmation and Signature.

Part 3. Disabled Veteran Exclusion

Short Description: This program excludes up to the first \$45,000 of the appraised value of the permanent residence of a disabled veteran. A disabled veteran is defined as a veteran whose character of service at separation was honorable or under honorable conditions and who has a total and permanent service-connected disability or who received benefits for specially adapted housing under 38 U.S.C. 2101. There is no age or income limitation for this program. This benefit is also available to a surviving spouse (who has not remarried) of either (1) a disabled veteran as defined above, (2) a veteran who died as a result of a service-connected condition whose character of service at separation was honorable or under honorable conditions, or (3) a servicemember who died from a service-connected condition in the line of duty and not as a result of willful misconduct. See G.S. 105-277.1C for the full text of the statute.

Multiple Owners: Benefit limitations may apply when there are multiple owners. Each owner must file a separate application (other than husband and wife). Each eligible owner may receive benefits under either the Disabled Veteran Exclusion or the Elderly or Disabled Exclusion. The Circuit Breaker Property Tax Deferment cannot be combined with either of these two programs.

Fill in applicable boxes:

- ☐ Yes ☐ No I am a disabled veteran. (See definition of disabled veteran above.)
- ☐ Yes ☐ No I am the surviving spouse of either a disabled veteran or a servicemember who met the conditions in the description above. If you answer Yes, complete the next question.
- ☐ Yes ☐ No I am currently unmarried and I have never remarried since the death of the veteran.

- Requirements:
1. File Form NCDVA-9 Certification for Disabled Veteran's Property Tax Exclusion. This form must first be certified by the United States Department of Veterans Affairs, and then filed with the county tax assessor.
 2. Complete Part 6. Affirmation and Signature.

Part 4. Circuit Breaker Property Tax Deferment

Short Description: Under this program, taxes for each year are limited to a percentage of the qualifying owner's income. A qualifying owner must either be at least 65 years of age or be totally and permanently disabled. For an owner whose income amount for the previous year does not exceed the income eligibility limit for the current year, which for the 2019 tax year is \$30,200, the owner's taxes will be limited to four percent (4%) of the owner's income. For an owner whose income exceeds the income eligibility limit (\$30,200) but does not exceed 150% of the income eligibility limit, which for the 2019 tax year is \$45,300, the owner's taxes will be limited to five percent (5%) of the owner's income.

However, the taxes over the limitation amount are deferred and remain a lien on the property. The last three years of deferred taxes prior to a disqualifying event will become due and payable, with interest, on the date of the disqualifying event. Interest accrues on the deferred taxes as if they had been payable on the dates on which they would have originally become due. Disqualifying events are death of the owner, transfer of the property, and failure to use the property as the owner's permanent residence. Exceptions and special provisions apply. See G.S. 105-277.1B for the full text of the statute.

YOU MUST FILE A NEW APPLICATION FOR THIS PROGRAM EVERY YEAR!!

Multiple Owners: Each owner (other than husband and wife) must file a separate application. All owners must qualify and elect to defer taxes under this program or no benefit is allowed under this program. The Circuit Breaker Property Tax Deferment cannot be combined with either the Elderly or Disabled Exclusion or the Disabled Veteran Exclusion.

Fill in applicable boxes:

- ☐ Yes ☐ No As of January 1, were either you or your spouse (if applicable) at least 65 years of age? If you answer Yes, you do not have to file Form AV-9A Certification of Disability.
- ☐ Yes ☐ No As of January 1, were you and your spouse (if applicable) both less than 65 years of age and at least one of you was totally and permanently disabled? If you answer Yes, you must file Form AV-9A Certification of Disability.
- ☐ Yes ☐ No Have you owned the property for the last five full years prior to January 1 of this year and occupied the property for a total of five years?
- ☐ Yes ☐ No Do all owners of this property qualify for this program and elect to defer taxes under this program? If you answer No, the property cannot receive benefit under this program.

- Requirements:
1. File Form AV-9A Certification of Disability if required above.
 2. Complete Part 5. Income Information.
 3. Complete Part 6. Affirmation and Signature.

Part 5. Income Information (complete only if you also completed Part 2 or Part 4)

Social Security Number (SSN) disclosure is mandatory for approval of the Elderly or Disabled Exclusion and the Circuit Breaker Property Tax Deferment Program and will be used to establish the identification of the applicant. The SSN may be used for verification of information provided on this application. The authority to require this number is given by 42 U.S.C. Section 405(c)(2)(C)(i). The SSN and all income tax information will be kept confidential. The SSN may also be used to facilitate collection of property taxes if you do not timely and voluntarily pay the taxes. Using the SSN will allow the tax collector to claim payment of an unpaid property tax bill from any State income tax refund that might otherwise be owed to you. Your SSN may be shared with the State for this purpose. In addition, your SSN may be used to garnish wages or attach bank accounts for failure to timely pay taxes.

Applicant's Social Security Number

Spouse's Social Security Number

Requirements:

1. You must provide a copy of your individual Federal Income Tax Return for the previous calendar year, unless you are not required to file a Federal Income Tax Return. Married applicants filing separate returns must submit both returns. If you have not filed your Federal Income Tax Return at the time you submit this application, submit a copy when you file your return. Your income tax returns are confidential and will be treated as such. Your application will not be processed until the income tax information is received. Please check the appropriate box concerning the submission of your Federal Income Tax Return.

Fill in applicable box:

- ☒ Federal Income Tax Return submitted with this application.
☐ Federal Income Tax Return will be submitted when filed with the IRS.
☐ I will not file a Federal Income Tax Return with the IRS for the previous calendar year.

2. Provide the income information requested below for the previous calendar year. Provide the total amount for both spouses. If you do not file a Federal Income Tax Return, you must attach documentation of the income that you report below (W-2, SSA-1099, 1099-R, 1099-INT, 1099-DIV, financial institution statements, etc.).

a. Wages, Salaries, Tips, etc.....	\$	<input type="text"/>
b. Interest (Taxable and Tax Exempt).....	\$	<input type="text"/>
c. Dividends.....	\$	<input type="text"/>
d. Capital Gains.....	\$	<input type="text"/>
e. IRA Distributions.....	\$	<input type="text"/>
f. Pensions and Annuities.....	\$	<input type="text"/>
g. Disability Payments (not included in Pensions and Annuities).....	\$	<input type="text"/>
h. Social Security Benefits (Taxable and Tax Exempt).....	\$	<input type="text"/>
i. All other moneys received (Describe in Comments section.).....	\$	<input type="text"/>
Total	\$	<input type="text"/>

Comments:

INFORMATION IS SUBJECT TO VERIFICATION WITH THE NORTH CAROLINA DEPARTMENT OF REVENUE.

Part 6. Affirmation and Signature

AFFIRMATION OF APPLICANT – Under penalties prescribed by law, I hereby affirm that, to the best of my knowledge and belief, all information furnished by me in connection with this application is true and complete. Furthermore, I understand that if I participate in the Circuit Breaker Property Tax Deferment Program, liens for the deferred taxes will exist on my property, and that when a disqualifying event occurs, the taxes for the year of the disqualifying event will be fully taxed and the last three years of deferred taxes prior to the disqualifying event will become due and payable, with all applicable interest.

Fleming Cecil Jones Sr. Fleming Cecil Jones Sr. 08-08-19
Applicant's Name (please print) Applicant's Signature Date

Spouse's Name (please print) Spouse's Signature Date

Refer to the Instructions on Page 1 for filing information and filing location.*

Office Use Only

Approved: Y / N ☐ Elderly/Disabled ☐ Disabled Veteran ☐ Circuit Breaker: ☐ 4% ☐ 5%

Date: ____/____/____ By: _____ Comments: _____

AV-9A Received: ____/____/____ NCDVA-9 Received: ____/____/____

FITR Received: ____/____/____ Income: \$ _____

***All applications must be submitted by June 1 to be timely filed.**

Late Applications: Upon a showing of good cause by the applicant for failure to make a timely application, an application for exemption or exclusion filed after the [due date] may be approved by the Department of Revenue, the board of equalization and review, the board of county commissioners, or the governing body of a municipality, as appropriate. An untimely application for exemption or exclusion approved under this subsection applies only to property taxes levied by the county or municipality in the calendar year in which the untimely application is filed. [N.C.G.S. 105-282.1(a1)]



COUNTY OF JONES
JONES COUNTY TAX OFFICE
P.O. Box 87
Trenton, NC 28585-0087
Phone: (252) 448-2546
Fax: (252) 448-1080

Hope Avery
Tax Administrator/Assessor

Susan Riggs
Tax Collector

August 9, 2019

RE: Andrew Thomas Reed
Late Application for Property Tax Relief – Disabled Veteran Exclusion

Since this application was received by the tax office on August 9, 2019 after the close of the listing period, which is January 31st. It is left to the discretion of the board to approve or deny any late application per N.C. Gen. Stat §105-282.1(a1).

Which states:

(a1) Late Application. - Upon a showing of good cause by the applicant for failure to make a timely application, an application for exemption or exclusion filed after the close of the listing period may be approved by the Department of Revenue, the board of equalization and review, the board of county commissioners, or the governing body of a municipality, as appropriate. An untimely application for exemption or exclusion approved under this subsection applies only to property taxes levied by the county or municipality in the calendar year in which the untimely application is filed.

AV-9
Web
7-18

Application for Property Tax Relief
Elderly or Disabled Exclusion (G.S. 105-277.1),
Disabled Veteran Exclusion (G.S. 105-277.1C), or
Circuit Breaker Tax Deferment Program (G.S. 105-277.1B)

Jones County

AUG 09 2019

Tax Department

County of Jones, NC

Year 2019

Instructions

Application Deadline: This application must be filed by June 1st to be timely filed. You may submit additional information separately if needed.

Where to Submit Application: Submit this application to the county tax assessor where this property is located. County tax assessor addresses and telephone numbers can be found online at: <https://www.ncdor.gov/documents/north-carolina-county-assessors-list>. DO NOT submit this application to the North Carolina Department of Revenue.

- Office Use Only:

Property ID Number

Last Name of Applicant Reed First Name Andrew Middle Name Thomas Date of Birth (MM-DD-YY) 10-03-73

Last Name of Spouse _____ First Name _____ Middle Name _____ Date of Birth (MM-DD-YY) _____

Residence Address

211 Tilghman Rd

City DOVER State NC Zip Code 28526

Mailing Address (if different from residence address)

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

E-mail Address

Home Telephone Number _____ Work Telephone Number _____ Ext. _____ Cell Phone Number 252 659-2667

Fill in applicable boxes:

☒ Yes ☐ No ➤ Is this property your permanent legal residence?

Addresses of secondary residences (if any): _____

☐ Yes ☐ No ➤ If married, does your spouse live with you in the residence? If you answer No, provide your spouse's address.

Addresses of spouse: _____

☐ Yes ☒ No ➤ Are you or your spouse (if applicable) currently residing in a health care facility? If you answer Yes, fill in applicable circle
☐ Applicant ☐ Spouse and indicate current length of stay: _____

☒ Yes ☐ No ➤ As of January 1, 2019 do you and your spouse (if applicable) own 100% interest in the property? If you answer No, list all owners and their ownership percentage (round to the nearest 0.1%):

Owner	_____	%	Owner	_____	%
Owner	_____	%	Owner	_____	%
Owner	_____	%	Owner	_____	%

Note: Separate applications are required for each owner that is claiming property tax relief. If husband and wife own the property, only one application is required.

Part 1. Selecting the Program

Each owner may receive benefit from only one of the three property tax relief programs, even though you may meet the requirements for more than one program.

However, it is possible that the tax rates or tax values may not be established until some time after the filing of this application. This can make it difficult for you to determine which program you prefer. The following procedures will help to resolve this situation.

Applying for One Program

If you know that you only wish to apply for one program, indicate only that program at the bottom of this section. The assessor will review your application and send you a notice of decision. The notice of decision will also explain the procedures to appeal if you do not agree with the decision of the assessor.

Applying for More Than One Program

Each owner is eligible to receive benefit from only one program. However, if you think you meet the requirements for more than one program but, as a result of the uncertainty of tax rates or values at the time of application, you are unable to make a decision on which one program you wish to choose, indicate all of the programs at the bottom of this section for which you wish to receive consideration. When the tax rates and values are determined, the assessor will review your application and will send you a letter notifying you of your options. If the letter indicates that you do not qualify or if you disagree with any decision in the letter, you may appeal. **You must respond to the option letter within the specified time period or it will be assumed that you do not wish to participate in any of the property tax relief programs.** In that case, you will be so notified and you will have the chance to appeal.

Please read the descriptions and requirements of the three programs on the following pages and then select the program(s) for which you are applying:

Fill in applicable circles:

- ☐ Elderly or Disabled Exclusion
- ☐ Disabled Veteran Exclusion
- ☐ Circuit Breaker Tax Deferment Program

You Must Complete:

- Parts 2, 5, 6
- Parts 3, 6
- Parts 4, 5, 6

If you select more than one program, please read ALL of the information on this page!

Part 2. Elderly or Disabled Exclusion

Short Description: This program excludes the greater of the first \$25,000 or 50% of the appraised value of the permanent residence of a qualifying owner. A qualifying owner must either be at least 65 years of age or be totally and permanently disabled. The owner cannot have an income amount for the previous year that exceeds the income eligibility limit for the current year, which for the 2019 tax year is **\$30,200**. See G.S. 105-277.1 for the full text of the statute.

Multiple Owners: Benefit limitations may apply when there are multiple owners. Each owner must file a separate application (other than husband and wife). Each eligible owner may receive benefits under either the **Elderly or Disabled Exclusion** or the **Disabled Veteran Exclusion**. The Circuit Breaker Property Tax Deferment cannot be combined with either of these two programs.

Fill in applicable boxes:

- ☐ Yes ☐ No As of January 1, were either you or your spouse (if applicable) at least 65 years of age? If you answer **Yes**, you do not have to file **Form AV-9A Certification of Disability**.
- ☐ Yes ☐ No As of January 1, were you and your spouse (if applicable) both less than 65 years of age and at least one of you was totally and permanently disabled? If you answer **Yes**, you must file **Form AV-9A Certification of Disability**.

- Requirements:
1. File **Form AV-9A Certification of Disability if required above.**
 2. Complete **Part 5. Income Information.**
 3. Complete **Part 6. Affirmation and Signature.**

Part 3. Disabled Veteran Exclusion

Short Description: This program excludes up to the first \$45,000 of the appraised value of the permanent residence of a disabled veteran. A disabled veteran is defined as a veteran whose character of service at separation was honorable or under honorable conditions and who has a total and permanent service-connected disability or who received benefits for specially adapted housing under 38 U.S.C. 2101. There is no age or income limitation for this program. This benefit is also available to a surviving spouse (who has not remarried) of either (1) a disabled veteran as defined above, (2) a veteran who died as a result of a service-connected condition whose character of service at separation was honorable or under honorable conditions, or (3) a servicemember who died from a service-connected condition in the line of duty and not as a result of willful misconduct. See G.S. 105-277.1C for the full text of the statute.

Multiple Owners: Benefit limitations may apply when there are multiple owners. Each owner must file a separate application (other than husband and wife). Each eligible owner may receive benefits under either the Disabled Veteran Exclusion or the Elderly or Disabled Exclusion. The Circuit Breaker Property Tax Deferment cannot be combined with either of these two programs.

Fill in applicable boxes:

☒ Yes ☐ No I am a disabled veteran. (See definition of disabled veteran above.)

☐ Yes ☐ No I am the surviving spouse of either a disabled veteran or a servicemember who met the conditions in the description above. If you answer Yes, complete the next question.

☐ Yes ☐ No I am currently unmarried and I have never remarried since the death of the veteran.

- Requirements:
1. File Form NCDVA-9 Certification for Disabled Veteran's Property Tax Exclusion. This form must first be certified by the United States Department of Veterans Affairs, and then filed with the county tax assessor.
 2. Complete Part 6. Affirmation and Signature.

Part 4. Circuit Breaker Property Tax Deferment

Short Description: Under this program, taxes for each year are limited to a percentage of the qualifying owner's income. A qualifying owner must either be at least 65 years of age or be totally and permanently disabled. For an owner whose income amount for the previous year does not exceed the income eligibility limit for the current year, which for the 2019 tax year is \$30,200, the owner's taxes will be limited to four percent (4%) of the owner's income. For an owner whose income exceeds the income eligibility limit (\$30,200) but does not exceed 150% of the income eligibility limit, which for the 2019 tax year is \$45,300, the owner's taxes will be limited to five percent (5%) of the owner's income.

However, the taxes over the limitation amount are deferred and remain a lien on the property. The last three years of deferred taxes prior to a disqualifying event will become due and payable, with interest, on the date of the disqualifying event. Interest accrues on the deferred taxes as if they had been payable on the dates on which they would have originally become due. Disqualifying events are death of the owner, transfer of the property, and failure to use the property as the owner's permanent residence. Exceptions and special provisions apply. See G.S. 105-277.1B for the full text of the statute.

YOU MUST FILE A NEW APPLICATION FOR THIS PROGRAM EVERY YEAR!!

Multiple Owners: Each owner (other than husband and wife) must file a separate application. All owners must qualify and elect to defer taxes under this program or no benefit is allowed under this program. The Circuit Breaker Property Tax Deferment cannot be combined with either the Elderly or Disabled Exclusion or the Disabled Veteran Exclusion.

Fill in applicable boxes:

☐ Yes ☐ No As of January 1, were either you or your spouse (if applicable) at least 65 years of age? If you answer Yes, you do not have to file Form AV-9A Certification of Disability.

☐ Yes ☐ No As of January 1, were you and your spouse (if applicable) both less than 65 years of age and at least one of you was totally and permanently disabled? If you answer Yes, you must file Form AV-9A Certification of Disability.

☐ Yes ☐ No Have you owned the property for the last five full years prior to January 1 of this year and occupied the property for a total of five years?

☐ Yes ☐ No Do all owners of this property qualify for this program and elect to defer taxes under this program? If you answer No, the property cannot receive benefit under this program.

- Requirements:
1. File Form AV-9A Certification of Disability if required above.
 2. Complete Part 5. Income Information.
 3. Complete Part 6. Affirmation and Signature.

Part 5. Income Information (complete only if you also completed Part 2 or Part 4)

Social Security Number (SSN) disclosure is mandatory for approval of the Elderly or Disabled Exclusion and the Circuit Breaker Property Tax Deferral Program and will be used to establish the identification of the applicant. The SSN may be used for verification of information provided on this application. The authority to require this number is given by 42 U.S.C. Section 405(c)(2)(C)(i). The SSN and all income tax information will be kept confidential. The SSN may also be used to facilitate collection of property taxes if you do not timely and voluntarily pay the taxes. Using the SSN will allow the tax collector to claim payment of an unpaid property tax bill from any State income tax refund that might otherwise be owed to you. Your SSN may be shared with the State for this purpose. In addition, your SSN may be used to garnish wages or attach bank accounts for failure to timely pay taxes.

Applicant's Social Security Number

Spouse's Social Security Number

Requirements:

1. You must provide a copy of your individual Federal Income Tax Return for the previous calendar year, unless you are not required to file a Federal Income Tax Return. Married applicants filing separate returns must submit both returns. If you have not filed your Federal Income Tax Return at the time you submit this application, submit a copy when you file your return. Your income tax returns are confidential and will be treated as such. Your application will not be processed until the income tax information is received. Please check the appropriate box concerning the submission of your Federal Income Tax Return.

Fill in applicable box:

- ☐ Federal Income Tax Return submitted with this application.
- ☐ Federal Income Tax Return will be submitted when filed with the IRS.
- ☐ I will not file a Federal Income Tax Return with the IRS for the previous calendar year.

2. Provide the income information requested below for the previous calendar year. Provide the total amount for both spouses. If you do not file a Federal Income Tax Return, you must attach documentation of the income that you report below (W-2, SSA-1099, 1099-R, 1099-INT, 1099-DIV, financial institution statements, etc.).

a. Wages, Salaries, Tips, etc.....	\$	
b. Interest (Taxable and Tax Exempt).....	\$	
c. Dividends.....	\$	
d. Capital Gains.....	\$	
e. IRA Distributions.....	\$	
f. Pensions and Annuities.....	\$	
g. Disability Payments (not included in Pensions and Annuities).....	\$	
h. Social Security Benefits (Taxable and Tax Exempt).....	\$	
i. All other moneys received (Describe in Comments section.).....	\$	
Total	\$	

Comments:

INFORMATION IS SUBJECT TO VERIFICATION WITH THE NORTH CAROLINA DEPARTMENT OF REVENUE.

Part 6. Affirmation and Signature

AFFIRMATION OF APPLICANT – Under penalties prescribed by law, I hereby affirm that, to the best of my knowledge and belief, all information furnished by me in connection with this application is true and complete. Furthermore, I understand that if I participate in the Circuit Breaker Property Tax Deferment Program, liens for the deferred taxes will exist on my property, and that when a disqualifying event occurs, the taxes for the year of the disqualifying event will be fully taxed and the last three years of deferred taxes prior to the disqualifying event will become due and payable, with all applicable interest.

Andrew T. Reed Andrew T. Reed 8/9/19
 Applicant's Name (please print) Applicant's Signature Date

 Spouse's Name (please print) Spouse's Signature Date

Refer to the Instructions on Page 1 for filing information and filing location.*

Office Use Only

Approved: Y / N ☐ Elderly/Disabled ☐ Disabled Veteran ☐ Circuit Breaker: ☐ 4% ☐ 5%

Date: ____/____/____ By: ____ Comments: _____

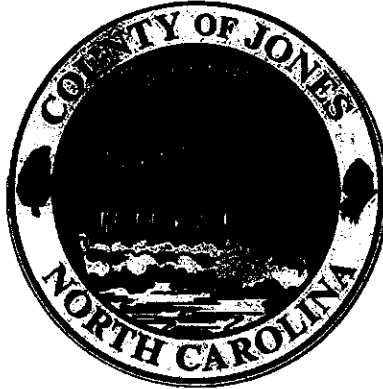
AV-9A Received: ____/____/____ NCDVA-9 Received: ____/____/____

FITR Received: ____/____/____ Income: \$ _____

***All applications must be submitted by June 1 to be timely filed.**

Late Applications: Upon a showing of good cause by the applicant for failure to make a timely application, an application for exemption or exclusion filed after the [due date] may be approved by the Department of Revenue, the board of equalization and review, the board of county commissioners, or the governing body of a municipality, as appropriate. An untimely application for exemption or exclusion approved under this subsection applies only to property taxes levied by the county or municipality in the calendar year in which the untimely application is filed. [N.C.G.S. 105-282.1(a1)]

	State of North Carolina Certification for Disabled Veteran's Property Tax Exclusion (G.S. 105-277.1C)	<u>Jones</u> COUNTY
SECTION 1	TO BE COMPLETED BY THE VETERAN OR THE SURVIVING SPOUSE WHO HAS NOT REMARRIED	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><u>Andrew Thomas Reed</u> NAME (Print or Type)</p> <p><u>211 Tilghman Rd</u> STREET ADDRESS OR P.O. BOX NUMBER</p> <p><u>Dover</u> <u>NC</u> <u>28526</u> CITY STATE ZIP CODE</p> </div> <div style="width: 45%;"> <p><u>Andrew Thomas Reed</u> DISABLED VETERAN'S FULL NAME (PRINT OR TYPE)</p> <p>_____ SURVIVING SPOUSE'S FULL NAME (PRINT OR TYPE) (If Applicable)</p> <p>_____ U.S. DEPT. OF VETERANS AFFAIRS FILE NUMBER</p> <p>_____ VETERAN'S SOCIAL SECURITY NUMBER</p> </div> </div>		
<p>I am either (1) a veteran whose character of service at separation was honorable or under honorable conditions and who has a permanent and total service-connected disability or (2) the surviving spouse, who has not remarried, of a veteran whose character of service at separation was honorable or under honorable conditions and who had a permanent and total service-connected disability at death or veteran's death was the result of a service-connected condition. I request USDVA complete this certification in support of my separate application for the Disabled Veteran's Property Tax Exclusion to the Tax Assessor.</p>		
SECTION 2	Disabled Veteran's Signature	
<p>I authorize the U.S. Department of Veterans Affairs to release information regarding my disability as needed for this certification.</p> <div style="display: flex; justify-content: space-between;"> <p><u>Andrew Thomas Reed</u> DISABLED VETERAN'S SIGNATURE</p> <p><u>7/2/19</u> DATE</p> </div>		
SECTION 3	Surviving Spouse's (who has not remarried) Signature	
<p>I authorize the U.S. Department of Veterans Affairs to release information regarding my spouse's disability or death as needed for this certification.</p> <div style="display: flex; justify-content: space-between;"> <p>_____ SURVIVING SPOUSE'S SIGNATURE</p> <p>_____ DATE</p> </div>		
SECTION 4	To be completed by the U.S. Department of Veterans Affairs	
<p>Please check all that apply:</p> <p>A. <input type="checkbox"/> Veteran does not meet either B, C, D, or E of the below criteria.</p> <p>B. <input checked="" type="checkbox"/> Veteran has a service-connected permanent and total disability that existed as of <u>4/15/19</u>.</p> <p>C. <input type="checkbox"/> Veteran received benefits on _____ from U.S. Department of Veterans Affairs for specially adapted housing under 38 U.S.C. 2101 for the veteran's permanent residence.</p> <p>D. <input type="checkbox"/> Veteran died on _____ and had a service-connected permanent and total disability at death.</p> <p>E. <input type="checkbox"/> Veteran died on _____ and the death was either (1) the result of a service-connected condition or (2) death occurred while on active duty in the line of duty and not due to service member's own willful misconduct.</p>		
<p>Character of Disabled Veteran's Service at Separation: (38 U.S.C. 2101) <input checked="" type="checkbox"/> Honorable <input type="checkbox"/> Under Other than Honorable Conditions</p>		
<div style="display: flex; justify-content: space-between;"> <p><u>K. Schillhammer</u> SIGNATURE OF USDVA CERTIFYING OFFICIAL</p> <p><u>8/2/19</u> DATE</p> </div>		
<p><u>K. Schillhammer</u> PRINTED NAME OF USDVA CERTIFYING OFFICIAL</p> <p><u>SERVICE CENTER MANAGER</u> TITLE OF USDVA CERTIFYING OFFICIAL</p>		
<p style="text-align: right;">NOTE: Stamped Signature by USDVA Official on this form has been authorized by Director, VA Regional Office, Winston-Salem, NC.</p>		



Angelica K Hall, Clerk to the Board
418 NC Hwy 58 N, Unit A
Trenton, NC 28585
252-448-7571
Fax 252-448-1072
ahall@jonescountync.gov

AGENDA REQUEST JONES COUNTY BOARD OF COMMISSIONERS

DATE OF MEETING: August 19, 2019

REQUEST FROM (Department, agency etc): Tax Department

PRESENTER'S NAME AND TITLE: Hope Avery, Tax Administrator/Assessor

PRESENTATION TIME NEEDED: 5-10 minutes

LEGAL REVIEW REQUIRED: ☐ Yes ☒ No

DESCRIPTION OF AGENDA ITEM (need detailed information and funding source if applicable):

1. Late Application for Property Tax Relief – Elderly Disabled Exclusion – Donna Lee Brown
2. Late Application for Property Tax Relief – Elderly Disabled Exclusion – Claudia Mae Strayhorn
3. Late Application for Property Tax Relief – Elderly Disabled Exclusion – Fleming Cecil Jones
4. Late Application for Property Tax Relief – Disabled Veterans Exclusion – Andrew Thomas Reed

RECOMMENDED MOTION: Approval

ARE THERE ANY ATTACHMENTS/BACKUP INFORMATION?: (Only one copy of the attachment is needed) Yes

DEADLINES ASSOCIATED WITH THIS AGENDA ITEM: n/a

PHONE NUMBER: 252-448-2546

EMAIL ADDRESS: havery@jonescountync.gov

The Jones County Board of Commissioners meets the first and third Mondays of each month at 7:00 p.m. for their Regular Meeting. Public comments are allowed at the beginning and end of the first and third Monday meetings only. Agenda Workshops are held as needed on the second Monday of each month at 7:00 p.m. Public comments during the workshops are permitted at the discretion of the Board.

When a holiday falls on Monday, meetings will be held on Tuesday following the holiday.

The meetings are at the Jones County Agricultural Building located at 110 Market Street in Trenton, NC. Please contact Angelica K Hall, Clerk to the Board, at 252-448-7571 or at ahall@jonescountync.gov for more information. Agenda items must be received one week prior to meeting for consideration.



COUNTY OF JONES
JONES COUNTY TAX OFFICE
P.O. Box 87
Trenton, NC 28585-0087
Phone: (252) 448-2546
Fax: (252) 448-1080

Hope Avery
Tax Administrator/Assessor

Susan Riggs
Tax Collector

August 6, 2019

RE: Donna Lee Brown
Late Application for Property Tax Relief – Elderly or Disabled Exclusion

Since this application was received by the tax office on August 6, 2019 after the close of the listing period, which is January 31st. It is left to the discretion of the board to approve or deny any late application per N.C. Gen. Stat §105-282.1(a1).

Which states:

(a1) Late Application. - Upon a showing of good cause by the applicant for failure to make a timely application, an application for exemption or exclusion filed after the close of the listing period may be approved by the Department of Revenue, the board of equalization and review, the board of county commissioners, or the governing body of a municipality, as appropriate. An untimely application for exemption or exclusion approved under this subsection applies only to property taxes levied by the county or municipality in the calendar year in which the untimely application is filed.

AV-9
Web
7-18

Application for Property Tax Relief

Elderly or Disabled Exclusion (G.S. 105-277.1),
Disabled Veteran Exclusion (G.S. 105-277.1C), or
Circuit Breaker Tax Deferment Program (G.S. 105-277.1B)

AUG 06 2019

RECEIVED

County of JONES, NC

Year 2019

Instructions

Application Deadline: This application must be filed by June 1st to be timely filed. You may submit additional information separately if needed.

Where to Submit Application: Submit this application to the county tax assessor where this property is located. County tax assessor addresses and telephone numbers can be found online at: <https://www.ncdor.gov/documents/north-carolina-county-assessors-list>. DO NOT submit this application to the North Carolina Department of Revenue.

- Office Use Only:

Property ID Number <u>543215798300</u>			
Last Name of Applicant <u>BROWN</u>	First Name <u>Donna</u>	Middle Name <u>Lee</u>	Date of Birth (MM-DD-YY) <u>10-13-1953</u>
Last Name of Spouse	First Name	Middle Name	Date of Birth (MM-DD-YY)
Residence Address <u>305 Maple Ave PO Box 896</u>			
City <u>Mayville</u>	State <u>NC</u>	Zip Code <u>28555</u>	
Mailing Address (if different from residence address) <u>PO Box 896</u>			
City <u>Mayville</u>	State <u>NC</u>	Zip Code <u>28555</u>	
E-mail Address <u>donnabrown305@gmail.com</u>			
Home Telephone Number <u>910 595 4039</u>	Work Telephone Number	Ext.	Cell Phone Number <u>910 581 9390</u>

Fill in applicable boxes:

☒ Yes ☐ No ➤ Is this property your permanent legal residence?

Addresses of secondary residences (if any):

☐ Yes ☐ No ➤ If married, does your spouse live with you in the residence? If you answer No, provide your spouse's address.

Addresses of spouse:

☐ Yes ☒ No ➤ Are you or your spouse (if applicable) currently residing in a health care facility? If you answer Yes, fill in applicable circle

☐ Applicant ☐ Spouse and indicate current length of stay:

☒ Yes ☐ No ➤ As of January 1, 2019 do you and your spouse (if applicable) own 100% interest in the property? If you answer No, list all owners and their ownership percentage (round to the nearest 0.1%):

Owner	%	Owner	%
Owner	%	Owner	%
Owner	%	Owner	%

Note: Separate applications are required for each owner that is claiming property tax relief. If husband and wife own the property, only one application is required.

Part 1. Selecting the Program

Each owner may receive benefit from only one of the three property tax relief programs, even though you may meet the requirements for more than one program.

However, it is possible that the tax rates or tax values may not be established until some time after the filing of this application. This can make it difficult for you to determine which program you prefer. The following procedures will help to resolve this situation.

Applying for One Program

If you know that you only wish to apply for one program, indicate only that program at the bottom of this section. The assessor will review your application and send you a notice of decision. The notice of decision will also explain the procedures to appeal if you do not agree with the decision of the assessor.

Applying for More Than One Program

Each owner is eligible to receive benefit from only one program. However, if you think you meet the requirements for more than one program but, as a result of the uncertainty of tax rates or values at the time of application, you are unable to make a decision on which one program you wish to choose, indicate all of the programs at the bottom of this section for which you wish to receive consideration. When the tax rates and values are determined, the assessor will review your application and will send you a letter notifying you of your options. If the letter indicates that you do not qualify or if you disagree with any decision in the letter, you may appeal. **You must respond to the option letter within the specified time period or it will be assumed that you do not wish to participate in any of the property tax relief programs.** In that case, you will be so notified and you will have the chance to appeal.

Please read the descriptions and requirements of the three programs on the following pages and then select the program(s) for which you are applying:

Fill in applicable circles:

- ☐ Elderly or Disabled Exclusion
- ☐ Disabled Veteran Exclusion
- ☐ Circuit Breaker Tax Deferment Program

You Must Complete:

- Parts 2, 5, 6
- Parts 3, 6
- Parts 4, 5, 6

If you select more than one program, please read ALL of the information on this page!

Part 2. Elderly or Disabled Exclusion

Short Description: This program excludes the greater of the first \$25,000 or 50% of the appraised value of the permanent residence of a qualifying owner. A qualifying owner must either be at least 65 years of age or be totally and permanently disabled. The owner cannot have an income amount for the previous year that exceeds the income eligibility limit for the current year, which for the 2019 tax year is **\$30,200**. See G.S. 105-277.1 for the full text of the statute.

Multiple Owners: Benefit limitations may apply when there are multiple owners. Each owner must file a separate application (other than husband and wife). Each eligible owner may receive benefits under either the **Elderly or Disabled Exclusion** or the **Disabled Veteran Exclusion**. The Circuit Breaker Property Tax Deferment cannot be combined with either of these two programs.

Fill in applicable boxes:

- ☒ Yes ☐ No As of January 1, were either you or your spouse (if applicable) at least 65 years of age? If you answer **Yes**, you do not have to file **Form AV-9A Certification of Disability**.
- ☐ Yes ☒ No As of January 1, were you and your spouse (if applicable) **both** less than 65 years of age and at least one of you was totally and permanently disabled? If you answer **Yes**, you must file **Form AV-9A Certification of Disability**.

- Requirements:
1. File **Form AV-9A Certification of Disability** if required above.
 2. Complete **Part 5, Income Information**.
 3. Complete **Part 6, Affirmation and Signature**.

Part 3. Disabled Veteran Exclusion

Short Description: This program excludes up to the first \$45,000 of the appraised value of the permanent residence of a disabled veteran. A disabled veteran is defined as a veteran whose character of service at separation was honorable or under honorable conditions and who has a total and permanent service-connected disability or who received benefits for specially adapted housing under 38 U.S.C. 2101. There is no age or income limitation for this program. This benefit is also available to a surviving spouse (who has not remarried) of either (1) a disabled veteran as defined above, (2) a veteran who died as a result of a service-connected condition whose character of service at separation was honorable or under honorable conditions, or (3) a servicemember who died from a service-connected condition in the line of duty and not as a result of willful misconduct. See G.S. 105-277.1C for the full text of the statute.

Multiple Owners: Benefit limitations may apply when there are multiple owners. Each owner must file a separate application (other than husband and wife). Each eligible owner may receive benefits under either the Disabled Veteran Exclusion or the Elderly or Disabled Exclusion. The Circuit Breaker Property Tax Deferment cannot be combined with either of these two programs.

Fill in applicable boxes:

- ☐ Yes ☒ No I am a disabled veteran. (See definition of disabled veteran above.)
- ☐ Yes ☒ No I am the surviving spouse of either a disabled veteran or a servicemember who met the conditions in the description above. If you answer Yes, complete the next question.
- ☐ Yes ☐ No I am currently unmarried and I have never remarried since the death of the veteran.

Requirements: 1. File Form NCDVA-9 Certification for Disabled Veteran's Property Tax Exclusion. This form must first be certified by the United States Department of Veterans Affairs, and then filed with the county tax assessor.
2. Complete Part 6. Affirmation and Signature.

Part 4. Circuit Breaker Property Tax Deferment

Short Description: Under this program, taxes for each year are limited to a percentage of the qualifying owner's income. A qualifying owner must either be at least 65 years of age or be totally and permanently disabled. For an owner whose income amount for the previous year does not exceed the income eligibility limit for the current year, which for the 2019 tax year is \$30,200, the owner's taxes will be limited to four percent (4%) of the owner's income. For an owner whose income exceeds the income eligibility limit (\$30,200) but does not exceed 150% of the income eligibility limit, which for the 2019 tax year is \$45,300, the owner's taxes will be limited to five percent (5%) of the owner's income.

However, the taxes over the limitation amount are deferred and remain a lien on the property. The last three years of deferred taxes prior to a disqualifying event will become due and payable, with interest, on the date of the disqualifying event. Interest accrues on the deferred taxes as if they had been payable on the dates on which they would have originally become due. Disqualifying events are death of the owner, transfer of the property, and failure to use the property as the owner's permanent residence. Exceptions and special provisions apply. See G.S. 105-277.1B for the full text of the statute.

YOU MUST FILE A NEW APPLICATION FOR THIS PROGRAM EVERY YEAR!!

Multiple Owners: Each owner (other than husband and wife) must file a separate application. All owners must qualify and elect to defer taxes under this program or no benefit is allowed under this program. The Circuit Breaker Property Tax Deferment cannot be combined with either the Elderly or Disabled Exclusion or the Disabled Veteran Exclusion.

Fill in applicable boxes:

- ☐ Yes ☐ No As of January 1, were either you or your spouse (if applicable) at least 65 years of age? If you answer Yes, you do not have to file Form AV-9A Certification of Disability.
- ☐ Yes ☐ No As of January 1, were you and your spouse (if applicable) both less than 65 years of age and at least one of you was totally and permanently disabled? If you answer Yes, you must file Form AV-9A Certification of Disability.
- ☐ Yes ☐ No Have you owned the property for the last five full years prior to January 1 of this year and occupied the property for a total of five years?
- ☐ Yes ☐ No Do all owners of this property qualify for this program and elect to defer taxes under this program? If you answer No, the property cannot receive benefit under this program.

Requirements: 1. File Form AV-9A Certification of Disability if required above.
2. Complete Part 5. Income Information.
3. Complete Part 6. Affirmation and Signature.

Part 5. Income Information (complete only if you also completed Part 2 or Part 4)

Social Security Number (SSN) disclosure is mandatory for approval of the Elderly or Disabled Exclusion and the Circuit Breaker Property Tax Deferment Program and will be used to establish the identification of the applicant. The SSN may be used for verification of information provided on this application. The authority to require this number is given by 42 U.S.C. Section 405(c)(2)(C)(i). The SSN and all income tax information will be kept confidential. The SSN may also be used to facilitate collection of property taxes if you do not timely and voluntarily pay the taxes. Using the SSN will allow the tax collector to claim payment of an unpaid property tax bill from any State income tax refund that might otherwise be owed to you. Your SSN may be shared with the State for this purpose. In addition, your SSN may be used to garnish wages or attach bank accounts for failure to timely pay taxes.

Applicant's Social Security Number

Spouse's Social Security Number

Requirements:

1. You must provide a copy of your individual Federal Income Tax Return for the previous calendar year, unless you are not required to file a Federal Income Tax Return. Married applicants filing separate returns must submit both returns. If you have not filed your Federal Income Tax Return at the time you submit this application, submit a copy when you file your return. Your income tax returns are confidential and will be treated as such. Your application will not be processed until the income tax information is received. Please check the appropriate box concerning the submission of your Federal Income Tax Return.

Fill in applicable box:

- ☒ Federal Income Tax Return submitted with this application.
- ☐ Federal Income Tax Return will be submitted when filed with the IRS.
- ☐ I will not file a Federal Income Tax Return with the IRS for the previous calendar year.
2. Provide the income information requested below for the previous calendar year. Provide the total amount for both spouses. If you do not file a Federal Income Tax Return, you must attach documentation of the income that you report below (W-2, SSA-1099, 1099-R, 1099-INT, 1099-DIV, financial institution statements, etc.).

a. Wages, Salaries, Tips, etc	\$	
b. Interest (Taxable and Tax Exempt)	\$	
c. Dividends	\$	
d. Capital Gains	\$	
e. IRA Distributions	\$	
f. Pensions and Annuities	\$	
g. Disability Payments (not included in Pensions and Annuities)	\$	
h. Social Security Benefits (Taxable and Tax Exempt)	\$	
i. All other moneys received (Describe in Comments section.)	\$	
Total	\$	

Comments:

INFORMATION IS SUBJECT TO VERIFICATION WITH THE NORTH CAROLINA DEPARTMENT OF REVENUE.

[REDACTED]

Part 6. Affirmation and Signature

AFFIRMATION OF APPLICANT – Under penalties prescribed by law, I hereby affirm that, to the best of my knowledge and belief, all information furnished by me in connection with this application is true and complete. Furthermore, I understand that if I participate in the Circuit Breaker Property Tax Deferment Program, liens for the deferred taxes will exist on my property, and that when a disqualifying event occurs, the taxes for the year of the disqualifying event will be fully taxed and the last three years of deferred taxes prior to the disqualifying event will become due and payable, with all applicable interest.

Donna La Brown

Applicant's Name (please print)

Applicant's Signature

07-29-2019

Date

Spouse's Name (please print)

Spouse's Signature

Date

Refer to the Instructions on Page 1 for filing information and filing location.*

Office Use Only

Approved: Y / N

☐ Elderly/Disabled

☐ Disabled Veteran

☐ Circuit Breaker:

☐ 4%

☐ 5%

Date: ____/____/____ By: ____ Comments: ____

AV-9A Received: ____/____/____ NCDVA-9 Received: ____/____/____

FITR Received: ____/____/____ Income: \$____

***All applications must be submitted by June 1 to be timely filed.**

Late Applications: Upon a showing of good cause by the applicant for failure to make a timely application, an application for exemption or exclusion filed after the [due date] may be approved by the Department of Revenue, the board of equalization and review, the board of county commissioners, or the governing body of a municipality, as appropriate. An untimely application for exemption or exclusion approved under this subsection applies only to property taxes levied by the county or municipality in the calendar year in which the untimely application is filed. [N.C.G.S. 105-282.1(a1)]



COUNTY OF JONES
JONES COUNTY TAX OFFICE
P.O. Box 87
Trenton, NC 28585-0087
Phone: (252) 448-2546
Fax: (252) 448-1080

Hope Avery
Tax Administrator/Assessor

Susan Riggs
Tax Collector

August 6, 2019

RE: Claudia Mae Strayhorn
Late Application for Property Tax Relief – Elderly or Disabled Exclusion

Since this application was received by the tax office on August 6, 2019 after the close of the listing period, which is January 31st. It is left to the discretion of the board to approve or deny any late application per N.C. Gen. Stat §105-282.1(a1).

Which states:

(a1) Late Application. - Upon a showing of good cause by the applicant for failure to make a timely application, an application for exemption or exclusion filed after the close of the listing period may be approved by the Department of Revenue, the board of equalization and review, the board of county commissioners, or the governing body of a municipality, as appropriate. An untimely application for exemption or exclusion approved under this subsection applies only to property taxes levied by the county or municipality in the calendar year in which the untimely application is filed.

AV-9
Web
7-18

Application for Property Tax Relief

Elderly or Disabled Exclusion (G.S. 105-277.1),
Disabled Veteran Exclusion (G.S. 105-277.1C), or
Circuit Breaker Tax Deferment Program (G.S. 105-277.1B)

RECEIVED

JUL 31 2019

Tax Department

County of Jones, NC

Year 2019

Instructions

Application Deadline: This application must be filed by June 1st to be timely filed. You may submit additional information separately if needed.

Where to Submit Application: Submit this application to the county tax assessor where this property is located. County tax assessor addresses and telephone numbers can be found online at: <https://www.ncdor.gov/documents/north-carolina-county-assessors-list>. DO NOT submit this application to the North Carolina Department of Revenue.

- Office Use Only:

Property ID Number			
Last Name of Applicant	First Name	Middle Name	Date of Birth (MM-DD-YY)
Strayhorn	Claudia	Mae	12-04-1940
Last Name of Spouse	First Name	Middle Name	Date of Birth (MM-DD-YY)
NA			
Residence Address			
137 K. K. S. Murphy Rd			
City	State	Zip Code	
Pollockville	NC	28573	
Mailing Address (if different from residence address)			
Same			
City	State	Zip Code	
E-mail Address			
NA			
Home Telephone Number	Work Telephone Number	Ext.	Cell Phone Number
(252) 460-0817	NA		

Fill in applicable boxes:

☒ Yes ☐ No ➤ Is this property your permanent legal residence?

Addresses of secondary residences (if any):

☐ Yes ☒ No ➤ If married, does your spouse live with you in the residence? If you answer **No**, provide your spouse's address.

Addresses of spouse: Deceased

☐ Yes ☒ No ➤ Are you or your spouse (if applicable) currently residing in a health care facility? If you answer **Yes**, fill in applicable circle

Applicant Spouse and indicate current length of stay:

☒ Yes ☐ No ➤ As of January 1, 2019 do you and your spouse (if applicable) own 100% interest in the property? If you answer **No**, list all owners and their ownership percentage (round to the nearest 0.1%):

Owner	%	Owner	%
Owner	%	Owner	%
Owner	%	Owner	%

Note: Separate applications are required for each owner that is claiming property tax relief. If husband and wife own the property, only one application is required.

Part 1. Selecting the Program

Each owner may receive benefit from only one of the three property tax relief programs, even though you may meet the requirements for more than one program.

However, it is possible that the tax rates or tax values may not be established until some time after the filing of this application. This can make it difficult for you to determine which program you prefer. The following procedures will help to resolve this situation.

Applying for One Program

If you know that you only wish to apply for one program, indicate only that program at the bottom of this section. The assessor will review your application and send you a notice of decision. The notice of decision will also explain the procedures to appeal if you do not agree with the decision of the assessor.

Applying for More Than One Program

Each owner is eligible to receive benefit from only one program. However, if you think you meet the requirements for more than one program but, as a result of the uncertainty of tax rates or values at the time of application, you are unable to make a decision on which one program you wish to choose, indicate all of the programs at the bottom of this section for which you wish to receive consideration. When the tax rates and values are determined, the assessor will review your application and will send you a letter notifying you of your options. If the letter indicates that you do not qualify or if you disagree with any decision in the letter, you may appeal. You must respond to the option letter within the specified time period or it will be assumed that you do not wish to participate in any of the property tax relief programs. In that case, you will be so notified and you will have the chance to appeal.

Please read the descriptions and requirements of the three programs on the following pages and then select the program(s) for which you are applying:

Fill in applicable circles:

- ☒ Elderly or Disabled Exclusion
☐ Disabled Veteran Exclusion
☐ Circuit Breaker Tax Deferment Program

You Must Complete:

- Parts 2, 5, 6
 Parts 3, 6
 Parts 4, 5, 6

If you select more than one program, please read ALL of the information on this page!

Part 2. Elderly or Disabled Exclusion

Short Description: This program excludes the greater of the first \$25,000 or 50% of the appraised value of the permanent residence of a qualifying owner. A qualifying owner must either be at least 65 years of age or be totally and permanently disabled. The owner cannot have an income amount for the previous year that exceeds the income eligibility limit for the current year, which for the 2019 tax year is \$30,200. See G.S. 105-277.1 for the full text of the statute.

Multiple Owners: Benefit limitations may apply when there are multiple owners. Each owner must file a separate application (other than husband and wife). Each eligible owner may receive benefits under either the Elderly or Disabled Exclusion or the Disabled Veteran Exclusion. The Circuit Breaker Property Tax Deferment cannot be combined with either of these two programs.

Fill in applicable boxes:

☒ Yes ☐ No As of January 1, were either you or your spouse (if applicable) at least 65 years of age? If you answer Yes, you do not have to file Form AV-9A Certification of Disability.

☐ Yes ☒ No As of January 1, were you and your spouse (if applicable) both less than 65 years of age and at least one of you was totally and permanently disabled? If you answer Yes, you must file Form AV-9A Certification of Disability.

- Requirements:
1. File Form AV-9A Certification of Disability if required above.
 2. Complete Part 5. Income Information.
 3. Complete Part 6. Affirmation and Signature.

Part 3. Disabled Veteran Exclusion

Short Description: This program excludes up to the first \$45,000 of the appraised value of the permanent residence of a disabled veteran. A disabled veteran is defined as a veteran whose character of service at separation was honorable or under honorable conditions and who has a total and permanent service-connected disability or who received benefits for specially adapted housing under 38 U.S.C. 2101. There is no age or income limitation for this program. This benefit is also available to a surviving spouse (who has not remarried) of either (1) a disabled veteran as defined above, (2) a veteran who died as a result of a service-connected condition whose character of service at separation was honorable or under honorable conditions, or (3) a servicemember who died from a service-connected condition in the line of duty and not as a result of willful misconduct. See G.S. 105-277.1C for the full text of the statute.

Multiple Owners: Benefit limitations may apply when there are multiple owners. Each owner must file a separate application (other than husband and wife). Each eligible owner may receive benefits under either the Disabled Veteran Exclusion or the Elderly or Disabled Exclusion. The Circuit Breaker Property Tax Deferment cannot be combined with either of these two programs.

Fill in applicable boxes:

☐ Yes ☒ No I am a disabled veteran. (See definition of disabled veteran above.)

☐ Yes ☒ No I am the surviving spouse of either a disabled veteran or a servicemember who met the conditions in the description above. If you answer Yes, complete the next question.

☐ Yes ☐ No I am currently unmarried and I have never remarried since the death of the veteran.

Requirements: 1. File Form NCDVA-9 Certification for Disabled Veteran's Property Tax Exclusion. This form must first be certified by the United States Department of Veterans Affairs, and then filed with the county tax assessor.
2. Complete Part 6. Affirmation and Signature.

Part 4. Circuit Breaker Property Tax Deferment

Short Description: Under this program, taxes for each year are limited to a percentage of the qualifying owner's income. A qualifying owner must either be at least 65 years of age or be totally and permanently disabled. For an owner whose income amount for the previous year does not exceed the income eligibility limit for the current year, which for the 2019 tax year is \$30,200, the owner's taxes will be limited to four percent (4%) of the owner's income. For an owner whose income exceeds the income eligibility limit (\$30,200) but does not exceed 150% of the income eligibility limit, which for the 2019 tax year is \$45,300, the owner's taxes will be limited to five percent (5%) of the owner's income.

However, the taxes over the limitation amount are deferred and remain a lien on the property. The last three years of deferred taxes prior to a disqualifying event will become due and payable, with interest, on the date of the disqualifying event. Interest accrues on the deferred taxes as if they had been payable on the dates on which they would have originally become due. Disqualifying events are death of the owner, transfer of the property, and failure to use the property as the owner's permanent residence. Exceptions and special provisions apply. See G.S. 105-277.1B for the full text of the statute.

YOU MUST FILE A NEW APPLICATION FOR THIS PROGRAM EVERY YEAR!!

Multiple Owners: Each owner (other than husband and wife) must file a separate application. All owners must qualify and elect to defer taxes under this program or no benefit is allowed under this program. The Circuit Breaker Property Tax Deferment cannot be combined with either the Elderly or Disabled Exclusion or the Disabled Veteran Exclusion.

Fill in applicable boxes:

☐ Yes ☐ No As of January 1, were either you or your spouse (if applicable) at least 65 years of age? If you answer Yes, you do not have to file Form AV-9A Certification of Disability.

☐ Yes ☐ No As of January 1, were you and your spouse (if applicable) both less than 65 years of age and at least one of you was totally and permanently disabled? If you answer Yes, you must file Form AV-9A Certification of Disability.

☐ Yes ☐ No Have you owned the property for the last five full years prior to January 1 of this year and occupied the property for a total of five years?

☐ Yes ☐ No Do all owners of this property qualify for this program and elect to defer taxes under this program? If you answer No, the property cannot receive benefit under this program.

Requirements: 1. File Form AV-9A Certification of Disability if required above.
2. Complete Part 5. Income Information.
3. Complete Part 6. Affirmation and Signature.

Part 5. Income Information (complete only if you also completed Part 2 or Part 4)

Social Security Number (SSN) disclosure is mandatory for approval of the Elderly or Disabled Exclusion and the Circuit Breaker Property Tax Deferment Program and will be used to establish the identification of the applicant. The SSN may be used for verification of information provided on this application. The authority to require this number is given by 42 U.S.C. Section 405(c)(2)(C)(i). The SSN and all income tax information will be kept confidential. The SSN may also be used to facilitate collection of property taxes if you do not timely and voluntarily pay the taxes. Using the SSN will allow the tax collector to claim payment of an unpaid property tax bill from any State income tax refund that might otherwise be owed to you. Your SSN may be shared with the State for this purpose. In addition, your SSN may be used to garnish wages or attach bank accounts for failure to timely pay taxes.

Applicant's Social Security Number

Spouse's Social Security Number

[REDACTED]

NA

Requirements:

1. You must provide a copy of your individual Federal Income Tax Return for the previous calendar year, unless you are not required to file a Federal Income Tax Return. Married applicants filing separate returns must submit both returns. If you have not filed your Federal Income Tax Return at the time you submit this application, submit a copy when you file your return. Your income tax returns are confidential and will be treated as such. Your application will not be processed until the income tax information is received. Please check the appropriate box concerning the submission of your Federal Income Tax Return.

Fill in applicable box:

- ☐ Federal Income Tax Return submitted with this application.
- ☐ Federal Income Tax Return will be submitted when filed with the IRS.
- ☒ I will not file a Federal Income Tax Return with the IRS for the previous calendar year.

2. Provide the income information requested below for the previous calendar year. Provide the total amount for both spouses. If you do not file a Federal Income Tax Return, you must attach documentation of the income that you report below (W-2, SSA-1099, 1099-R, 1099-INT, 1099-DIV, financial institution statements, etc.).

a. Wages, Salaries, Tips, etc.....	\$	
b. Interest (Taxable and Tax Exempt).....	\$	
c. Dividends.....	\$	
d. Capital Gains.....	\$	
e. IRA Distributions.....	\$	
f. Pensions and Annuities.....	\$	2,326
g. Disability Payments (not included in Pensions and Annuities).....	\$	
h. Social Security Benefits (Taxable and Tax Exempt).....	\$	12,884
i. All other moneys received (Describe in Comments section.).....	\$	
Total.....	\$	15,180

Comments:

INFORMATION IS SUBJECT TO VERIFICATION WITH THE NORTH CAROLINA DEPARTMENT OF REVENUE.

~~XXXXXXXXXXXXXXXXXXXX~~

Part 6. Affirmation and Signature

AFFIRMATION OF APPLICANT – Under penalties prescribed by law, I hereby affirm that, to the best of my knowledge and belief, all information furnished by me in connection with this application is true and complete. Furthermore, I understand that if I participate in the Circuit Breaker Property Tax Deferment Program, liens for the deferred taxes will exist on my property, and that when a disqualifying event occurs, the taxes for the year of the disqualifying event will be fully taxed and the last three years of deferred taxes prior to the disqualifying event will become due and payable, with all applicable interest.

Charlotte Mae Strong
Applicant's Name (please print)

Charlotte Mae Strong
Applicant's Signature

7/29/18
Date

Spouse's Name (please print)

Spouse's Signature

Date

Refer to the Instructions on Page 1 for filing information and filing location.*

Office Use Only

Approved: Y / N

☐ Elderly/Disabled

☐ Disabled Veteran

☐ Circuit Breaker:

☐ 4%

☐ 5%

Date: ____/____/____ By: _____ Comments: _____

AV-9A Received: ____/____/____ NCDVA-9 Received: ____/____/____

FITR Received: ____/____/____ Income: \$ _____

***All applications must be submitted by June 1 to be timely filed.**

Late Applications: Upon a showing of good cause by the applicant for failure to make a timely application, an application for exemption or exclusion filed after the [due date] may be approved by the Department of Revenue, the board of equalization and review, the board of county commissioners, or the governing body of a municipality, as appropriate. An untimely application for exemption or exclusion approved under this subsection applies only to property taxes levied by the county or municipality in the calendar year in which the untimely application is filed. [N.C.G.S. 105-282.1(a1)]



COUNTY OF JONES
JONES COUNTY TAX OFFICE
P.O. Box 87
Trenton, NC 28585-0087
Phone: (252) 448-2546
Fax: (252) 448-1080

Hope Avery
Tax Administrator/Assessor

Susan Riggs
Tax Collector

August 8, 2019

RE: Fleming Cecil Jones
Late Application for Property Tax Relief – Elderly or Disabled Exclusion

Since this application was received by the tax office on August 8, 2019 after the close of the listing period, which is January 31st. It is left to the discretion of the board to approve or deny any late application per N.C. Gen. Stat §105-282.1(a1).

Which states:

(a1) Late Application. - Upon a showing of good cause by the applicant for failure to make a timely application, an application for exemption or exclusion filed after the close of the listing period may be approved by the Department of Revenue, the board of equalization and review, the board of county commissioners, or the governing body of a municipality, as appropriate. An untimely application for exemption or exclusion approved under this subsection applies only to property taxes levied by the county or municipality in the calendar year in which the untimely application is filed.

AV-9
Web
7-18

Application for Property Tax Relief
Elderly or Disabled Exclusion (G.S. 105-277.1),
Disabled Veteran Exclusion (G.S. 105-277.1C), or
Circuit Breaker Tax Deferment Program (G.S. 105-277.1B)

Jones County

AUG 08 2019

Tax Department

County of JONES, NC

Year 2019

Instructions

Application Deadline: This application must be filed by June 1st to be timely filed. You may submit additional information separately if needed.

Where to Submit Application: Submit this application to the county tax assessor where this property is located. County tax assessor addresses and telephone numbers can be found online at: <https://www.ncdor.gov/documents/north-carolina-county-assessors-list>. DO NOT submit this application to the North Carolina Department of Revenue.

- Office Use Only:

Property ID Number <u>446828750200</u>			
Last Name of Applicant <u>Jones</u>	First Name <u>Fleming</u>	Middle Name <u>Ceci</u>	Date of Birth (MM-DD-YY) <u>08-29-52</u>
Last Name of Spouse	First Name	Middle Name	Date of Birth (MM-DD-YY)
Residence Address <u>1523 Chingupin Ch Rd</u>			
City <u>Trenton</u>		State <u>NC</u>	Zip Code <u>28585</u>
Mailing Address (if different from residence address)			
City		State	Zip Code
E-mail Address			
Home Telephone Number	Work Telephone Number	Ext.	Cell Phone Number <u>252-670-1963</u>

Fill in applicable boxes:

☒ Yes ☐ No ➤ Is this property your permanent legal residence?

Addresses of secondary residences (if any):

☐ Yes ☐ No ➤ If married, does your spouse live with you in the residence? If you answer No, provide your spouse's address.

Addresses of spouse: Spouse deceased

☐ Yes ☒ No ➤ Are you or your spouse (if applicable) currently residing in a health care facility? If you answer Yes, fill in applicable circle

☐ Applicant ☐ Spouse and indicate current length of stay:

☒ Yes ☐ No ➤ As of January 1, 2019 do you and your spouse (if applicable) own 100% interest in the property? If you answer No, list all owners and their ownership percentage (round to the nearest 0.1%):

Owner		%	Owner		%
Owner		%	Owner		%
Owner		%	Owner		%

Note: Separate applications are required for each owner that is claiming property tax relief. If husband and wife own the property, only one application is required.

Part 1. Selecting the Program

Each owner may receive benefit from only one of the three property tax relief programs, even though you may meet the requirements for more than one program.

However, it is possible that the tax rates or tax values may not be established until some time after the filing of this application. This can make it difficult for you to determine which program you prefer. The following procedures will help to resolve this situation.

Applying for One Program

If you know that you only wish to apply for one program, indicate only that program at the bottom of this section. The assessor will review your application and send you a notice of decision. The notice of decision will also explain the procedures to appeal if you do not agree with the decision of the assessor.

Applying for More Than One Program

Each owner is eligible to receive benefit from only one program. However, if you think you meet the requirements for more than one program but, as a result of the uncertainty of tax rates or values at the time of application, you are unable to make a decision on which one program you wish to choose, indicate all of the programs at the bottom of this section for which you wish to receive consideration. When the tax rates and values are determined, the assessor will review your application and will send you a letter notifying you of your options. If the letter indicates that you do not qualify or if you disagree with any decision in the letter, you may appeal. You must respond to the option letter within the specified time period or it will be assumed that you do not wish to participate in any of the property tax relief programs. In that case, you will be so notified and you will have the chance to appeal.

Please read the descriptions and requirements of the three programs on the following pages and then select the program(s) for which you are applying:

Fill in applicable circles:

- ☒ Elderly or Disabled Exclusion
- ☐ Disabled Veteran Exclusion
- ☐ Circuit Breaker Tax Deferment Program

You Must Complete:

- Parts 2, 5, 6
- Parts 3, 6
- Parts 4, 5, 6

If you select more than one program, please read ALL of the information on this page!

Part 2. Elderly or Disabled Exclusion

Short Description: This program excludes the greater of the first \$25,000 or 50% of the appraised value of the permanent residence of a qualifying owner. A qualifying owner must either be at least 65 years of age or be totally and permanently disabled. The owner cannot have an income amount for the previous year that exceeds the income eligibility limit for the current year, which for the 2019 tax year is \$30,200. See G.S. 105-277.1 for the full text of the statute.

Multiple Owners: Benefit limitations may apply when there are multiple owners. Each owner must file a separate application (other than husband and wife). Each eligible owner may receive benefits under either the Elderly or Disabled Exclusion or the Disabled Veteran Exclusion. The Circuit Breaker Property Tax Deferment cannot be combined with either of these two programs.

Fill in applicable boxes:

- ☒ Yes ☐ No As of January 1, were either you or your spouse (if applicable) at least 65 years of age? If you answer Yes, you do not have to file Form AV-9A Certification of Disability.
- ☒ Yes ☐ No As of January 1, were you and your spouse (if applicable) both less than 65 years of age and at least one of you was totally and permanently disabled? If you answer Yes, you must file Form AV-9A Certification of Disability.

- Requirements:
1. File Form AV-9A Certification of Disability if required above.
 2. Complete Part 5. Income Information.
 3. Complete Part 6. Affirmation and Signature.

Part 3. Disabled Veteran Exclusion

Short Description: This program excludes up to the first \$45,000 of the appraised value of the permanent residence of a disabled veteran. A disabled veteran is defined as a veteran whose character of service at separation was honorable or under honorable conditions and who has a total and permanent service-connected disability or who received benefits for specially adapted housing under 38 U.S.C. 2101. There is no age or income limitation for this program. This benefit is also available to a surviving spouse (who has not remarried) of either (1) a disabled veteran as defined above, (2) a veteran who died as a result of a service-connected condition whose character of service at separation was honorable or under honorable conditions, or (3) a servicemember who died from a service-connected condition in the line of duty and not as a result of willful misconduct. See G.S. 105-277.1C for the full text of the statute.

Multiple Owners: Benefit limitations may apply when there are multiple owners. Each owner must file a separate application (other than husband and wife). Each eligible owner may receive benefits under either the Disabled Veteran Exclusion or the Elderly or Disabled Exclusion. The Circuit Breaker Property Tax Deferment cannot be combined with either of these two programs.

Fill in applicable boxes:

☐ Yes ☐ No I am a disabled veteran. (See definition of disabled veteran above.)

☐ Yes ☐ No I am the surviving spouse of either a disabled veteran or a servicemember who met the conditions in the description above. If you answer Yes, complete the next question.

☐ Yes ☐ No I am currently unmarried and I have never remarried since the death of the veteran.

Requirements: 1. File Form NCDVA-9 Certification for Disabled Veteran's Property Tax Exclusion. This form must first be certified by the United States Department of Veterans Affairs, and then filed with the county tax assessor.
2. Complete Part 6. Affirmation and Signature.

Part 4. Circuit Breaker Property Tax Deferment

Short Description: Under this program, taxes for each year are limited to a percentage of the qualifying owner's income. A qualifying owner must either be at least 65 years of age or be totally and permanently disabled. For an owner whose income amount for the previous year does not exceed the income eligibility limit for the current year, which for the 2019 tax year is \$30,200, the owner's taxes will be limited to four percent (4%) of the owner's income. For an owner whose income exceeds the income eligibility limit (\$30,200) but does not exceed 150% of the income eligibility limit, which for the 2019 tax year is \$45,300, the owner's taxes will be limited to five percent (5%) of the owner's income.

However, the taxes over the limitation amount are deferred and remain a lien on the property. The last three years of deferred taxes prior to a disqualifying event will become due and payable, with interest, on the date of the disqualifying event. Interest accrues on the deferred taxes as if they had been payable on the dates on which they would have originally become due. Disqualifying events are death of the owner, transfer of the property, and failure to use the property as the owner's permanent residence. Exceptions and special provisions apply. See G.S. 105-277.1B for the full text of the statute.

YOU MUST FILE A NEW APPLICATION FOR THIS PROGRAM EVERY YEAR!!

Multiple Owners: Each owner (other than husband and wife) must file a separate application. All owners must qualify and elect to defer taxes under this program or no benefit is allowed under this program. The Circuit Breaker Property Tax Deferment cannot be combined with either the Elderly or Disabled Exclusion or the Disabled Veteran Exclusion.

Fill in applicable boxes:

☐ Yes ☐ No As of January 1, were either you or your spouse (if applicable) at least 65 years of age? If you answer Yes, you do not have to file Form AV-9A Certification of Disability.

☐ Yes ☐ No As of January 1, were you and your spouse (if applicable) both less than 65 years of age and at least one of you was totally and permanently disabled? If you answer Yes, you must file Form AV-9A Certification of Disability.

☐ Yes ☐ No Have you owned the property for the last five full years prior to January 1 of this year and occupied the property for a total of five years?

☐ Yes ☐ No Do all owners of this property qualify for this program and elect to defer taxes under this program? If you answer No, the property cannot receive benefit under this program.

Requirements: 1. File Form AV-9A Certification of Disability if required above.
2. Complete Part 5. Income Information.
3. Complete Part 6. Affirmation and Signature.

Part 5. Income Information (complete only if you also completed Part 2 or Part 4)

Social Security Number (SSN) disclosure is mandatory for approval of the Elderly or Disabled Exclusion and the Circuit Breaker Property Tax Deferment Program and will be used to establish the identification of the applicant. The SSN may be used for verification of information provided on this application. The authority to require this number is given by 42 U.S.C. Section 405(c)(2)(C)(i). The SSN and all income tax information will be kept confidential. The SSN may also be used to facilitate collection of property taxes if you do not timely and voluntarily pay the taxes. Using the SSN will allow the tax collector to claim payment of an unpaid property tax bill from any State income tax refund that might otherwise be owed to you. Your SSN may be shared with the State for this purpose. In addition, your SSN may be used to garnish wages or attach bank accounts for failure to timely pay taxes.

Applicant's Social Security Number

Spouse's Social Security Number

Requirements:

1. You must provide a copy of your individual Federal Income Tax Return for the previous calendar year, unless you are not required to file a Federal Income Tax Return. Married applicants filing separate returns must submit both returns. If you have not filed your Federal Income Tax Return at the time you submit this application, submit a copy when you file your return. Your income tax returns are confidential and will be treated as such. Your application will not be processed until the income tax information is received. Please check the appropriate box concerning the submission of your Federal Income Tax Return.

Fill in applicable box:

- ☒ Federal Income Tax Return submitted with this application.
☐ Federal Income Tax Return will be submitted when filed with the IRS.
☐ I will not file a Federal Income Tax Return with the IRS for the previous calendar year.

2. Provide the income information requested below for the previous calendar year. Provide the total amount for both spouses. If you do not file a Federal Income Tax Return, you must attach documentation of the income that you report below (W-2, SSA-1099, 1099-R, 1099-INT, 1099-DIV, financial institution statements, etc.).

a. Wages, Salaries, Tips, etc.....	\$	<input type="text"/>
b. Interest (Taxable and Tax Exempt).....	\$	<input type="text"/>
c. Dividends.....	\$	<input type="text"/>
d. Capital Gains.....	\$	<input type="text"/>
e. IRA Distributions.....	\$	<input type="text"/>
f. Pensions and Annuities.....	\$	<input type="text"/>
g. Disability Payments (not included in Pensions and Annuities).....	\$	<input type="text"/>
h. Social Security Benefits (Taxable and Tax Exempt).....	\$	<input type="text"/>
i. All other moneys received (Describe in Comments section.).....	\$	<input type="text"/>
Total.....	\$	<input type="text"/>

Comments:

INFORMATION IS SUBJECT TO VERIFICATION WITH THE NORTH CAROLINA DEPARTMENT OF REVENUE.

Part 6. Affirmation and Signature

AFFIRMATION OF APPLICANT – Under penalties prescribed by law, I hereby affirm that, to the best of my knowledge and belief, all information furnished by me in connection with this application is true and complete. Furthermore, I understand that if I participate in the Circuit Breaker Property Tax Deferment Program, liens for the deferred taxes will exist on my property, and that when a disqualifying event occurs, the taxes for the year of the disqualifying event will be fully taxed and the last three years of deferred taxes prior to the disqualifying event will become due and payable, with all applicable interest.

Fleming Cecil Jones Sr. Fleming Cecil Jones Sr. 08-08-19
 Applicant's Name (please print) Applicant's Signature Date

 Spouse's Name (please print) Spouse's Signature Date

Refer to the Instructions on Page 1 for filing information and filing location.*

Office Use Only

Approved: Y / N ☐ Elderly/Disabled ☐ Disabled Veteran ☐ Circuit Breaker: ☐ 4% ☐ 5%

Date: ____/____/____ By: _____ Comments: _____

AV-9A Received: ____/____/____ NCDVA-9 Received: ____/____/____

FITR Received: ____/____/____ Income: \$ _____

***All applications must be submitted by June 1 to be timely filed.**

Late Applications: Upon a showing of good cause by the applicant for failure to make a timely application, an application for exemption or exclusion filed after the [due date] may be approved by the Department of Revenue, the board of equalization and review, the board of county commissioners, or the governing body of a municipality, as appropriate. An untimely application for exemption or exclusion approved under this subsection applies only to property taxes levied by the county or municipality in the calendar year in which the untimely application is filed. [N.C.G.S. 105-282.1(a1)]



COUNTY OF JONES
JONES COUNTY TAX OFFICE
P.O. Box 87
Trenton, NC 28585-0087
Phone: (252) 448-2546
Fax: (252) 448-1080

Hope Avery
Tax Administrator/Assessor

Susan Riggs
Tax Collector

August 9, 2019

RE: Andrew Thomas Reed
Late Application for Property Tax Relief – Disabled Veteran Exclusion

Since this application was received by the tax office on August 9, 2019 after the close of the listing period, which is January 31st. It is left to the discretion of the board to approve or deny any late application per N.C. Gen. Stat §105-282.1(a1).

Which states:

(a1) Late Application. - Upon a showing of good cause by the applicant for failure to make a timely application, an application for exemption or exclusion filed after the close of the listing period may be approved by the Department of Revenue, the board of equalization and review, the board of county commissioners, or the governing body of a municipality, as appropriate. An untimely application for exemption or exclusion approved under this subsection applies only to property taxes levied by the county or municipality in the calendar year in which the untimely application is filed.

AV-9
Web
7-18

Application for Property Tax Relief
Elderly or Disabled Exclusion (G.S. 105-277.1),
Disabled Veteran Exclusion (G.S. 105-277.1C), or
Circuit Breaker Tax Deferment Program (G.S. 105-277.1B)

Jones County

AUG 09 2019

Tax Department

County of Jones, NC

Year 2019

Instructions

Application Deadline: This application must be filed by June 1st to be timely filed. You may submit additional information separately if needed.

Where to Submit Application: Submit this application to the county tax assessor where this property is located. County tax assessor addresses and telephone numbers can be found online at: <https://www.ncdor.gov/documents/north-carolina-county-assessors-list>. DO NOT submit this application to the North Carolina Department of Revenue.

- Office Use Only:

Property ID Number			
Last Name of Applicant	First Name	Middle Name	Date of Birth (MM-DD-YY)
Reed	Andrew	Thomas	10-03-73
Last Name of Spouse	First Name	Middle Name	Date of Birth (MM-DD-YY)
Residence Address			
211 Tilghman Rd			
City		State	Zip Code
Dover		NC	28526
Mailing Address (if different from residence address)			
City		State	Zip Code
E-mail Address			
Home Telephone Number	Work Telephone Number	Ext.	Cell Phone Number
			252 659-2667

Fill in applicable boxes:

☒ Yes ☐ No ➤ Is this property your permanent legal residence?

Addresses of secondary residences (if any):

☐ Yes ☐ No ➤ If married, does your spouse live with you in the residence? If you answer No, provide your spouse's address.

Addresses of spouse:

☐ Yes ☒ No ➤ Are you or your spouse (if applicable) currently residing in a health care facility? If you answer Yes, fill in applicable circle

☐ Applicant ☐ Spouse and indicate current length of stay:

☒ Yes ☐ No ➤ As of January 1, 2019 do you and your spouse (if applicable) own 100% interest in the property? If you answer No, list all owners and their ownership percentage (round to the nearest 0.1%):

Owner		%	Owner		%
Owner		%	Owner		%
Owner		%	Owner		%

Note: Separate applications are required for each owner that is claiming property tax relief. If husband and wife own the property, only one application is required.

Part 1. Selecting the Program

Each owner may receive benefit from only one of the three property tax relief programs, even though you may meet the requirements for more than one program.

However, it is possible that the tax rates or tax values may not be established until some time after the filing of this application. This can make it difficult for you to determine which program you prefer. The following procedures will help to resolve this situation.

Applying for One Program

If you know that you only wish to apply for one program, indicate only that program at the bottom of this section. The assessor will review your application and send you a notice of decision. The notice of decision will also explain the procedures to appeal if you do not agree with the decision of the assessor.

Applying for More Than One Program

Each owner is eligible to receive benefit from only one program. However, if you think you meet the requirements for more than one program but, as a result of the uncertainty of tax rates or values at the time of application, you are unable to make a decision on which one program you wish to choose, indicate all of the programs at the bottom of this section for which you wish to receive consideration. When the tax rates and values are determined, the assessor will review your application and will send you a letter notifying you of your options. If the letter indicates that you do not qualify or if you disagree with any decision in the letter, you may appeal. You must respond to the option letter within the specified time period or it will be assumed that you do not wish to participate in any of the property tax relief programs. In that case, you will be so notified and you will have the chance to appeal.

Please read the descriptions and requirements of the three programs on the following pages and then select the program(s) for which you are applying:

Fill in applicable circles:

- ☐ Elderly or Disabled Exclusion
- ☐ Disabled Veteran Exclusion
- ☐ Circuit Breaker Tax Deferment Program

You Must Complete:

- Parts 2, 5, 6
- Parts 3, 6
- Parts 4, 5, 6

If you select more than one program, please read ALL of the information on this page!

Part 2. Elderly or Disabled Exclusion

Short Description: This program excludes the greater of the first \$25,000 or 50% of the appraised value of the permanent residence of a qualifying owner. A qualifying owner must either be at least 65 years of age or be totally and permanently disabled. The owner cannot have an income amount for the previous year that exceeds the income eligibility limit for the current year, which for the 2019 tax year is \$30,200. See G.S. 105-277.1 for the full text of the statute.

Multiple Owners: Benefit limitations may apply when there are multiple owners. Each owner must file a separate application (other than husband and wife). Each eligible owner may receive benefits under either the Elderly or Disabled Exclusion or the Disabled Veteran Exclusion. The Circuit Breaker Property Tax Deferment cannot be combined with either of these two programs.

Fill in applicable boxes:

- ☐ Yes ☐ No As of January 1, were either you or your spouse (if applicable) at least 65 years of age? If you answer Yes, you do not have to file Form AV-9A Certification of Disability.
- ☐ Yes ☐ No As of January 1, were you and your spouse (if applicable) both less than 65 years of age and at least one of you was totally and permanently disabled? If you answer Yes, you must file Form AV-9A Certification of Disability.

- Requirements:
1. File Form AV-9A Certification of Disability if required above.
 2. Complete Part 5. Income Information.
 3. Complete Part 6. Affirmation and Signature.

Part 3. Disabled Veteran Exclusion

Short Description: This program excludes up to the first \$45,000 of the appraised value of the permanent residence of a disabled veteran. A disabled veteran is defined as a veteran whose character of service at separation was honorable or under honorable conditions and who has a total and permanent service-connected disability or who received benefits for specially adapted housing under 38 U.S.C. 2101. There is no age or income limitation for this program. This benefit is also available to a surviving spouse (who has not remarried) of either (1) a disabled veteran as defined above, (2) a veteran who died as a result of a service-connected condition whose character of service at separation was honorable or under honorable conditions, or (3) a servicemember who died from a service-connected condition in the line of duty and not as a result of willful misconduct. See G.S. 105-277.1C for the full text of the statute.

Multiple Owners: Benefit limitations may apply when there are multiple owners. Each owner must file a separate application (other than husband and wife). Each eligible owner may receive benefits under either the Disabled Veteran Exclusion or the Elderly or Disabled Exclusion. The Circuit Breaker Property Tax Deferral cannot be combined with either of these two programs.

Fill in applicable boxes:

☒ Yes ☐ No I am a disabled veteran. (See definition of disabled veteran above.)

☐ Yes ☐ No I am the surviving spouse of either a disabled veteran or a servicemember who met the conditions in the description above. If you answer Yes, complete the next question.

☐ Yes ☐ No I am currently unmarried and I have never remarried since the death of the veteran.

- Requirements:
1. File Form NCDVA-9 Certification for Disabled Veteran's Property Tax Exclusion. This form must first be certified by the United States Department of Veterans Affairs, and then filed with the county tax assessor.
 2. Complete Part 6. Affirmation and Signature.

Part 4. Circuit Breaker Property Tax Deferral

Short Description: Under this program, taxes for each year are limited to a percentage of the qualifying owner's income. A qualifying owner must either be at least 65 years of age or be totally and permanently disabled. For an owner whose income amount for the previous year does not exceed the income eligibility limit for the current year, which for the 2019 tax year is \$30,200, the owner's taxes will be limited to four percent (4%) of the owner's income. For an owner whose income exceeds the income eligibility limit (\$30,200) but does not exceed 150% of the income eligibility limit, which for the 2019 tax year is \$45,300, the owner's taxes will be limited to five percent (5%) of the owner's income.

However, the taxes over the limitation amount are deferred and remain a lien on the property. The last three years of deferred taxes prior to a disqualifying event will become due and payable, with interest, on the date of the disqualifying event. Interest accrues on the deferred taxes as if they had been payable on the dates on which they would have originally become due. Disqualifying events are death of the owner, transfer of the property, and failure to use the property as the owner's permanent residence. Exceptions and special provisions apply. See G.S. 105-277.1B for the full text of the statute.

YOU MUST FILE A NEW APPLICATION FOR THIS PROGRAM EVERY YEAR!!

Multiple Owners: Each owner (other than husband and wife) must file a separate application. All owners must qualify and elect to defer taxes under this program or no benefit is allowed under this program. The Circuit Breaker Property Tax Deferral cannot be combined with either the Elderly or Disabled Exclusion or the Disabled Veteran Exclusion.

Fill in applicable boxes:

☐ Yes ☐ No As of January 1, were either you or your spouse (if applicable) at least 65 years of age? If you answer Yes, you do not have to file Form AV-9A Certification of Disability.

☐ Yes ☐ No As of January 1, were you and your spouse (if applicable) both less than 65 years of age and at least one of you was totally and permanently disabled? If you answer Yes, you must file Form AV-9A Certification of Disability.

☐ Yes ☐ No Have you owned the property for the last five full years prior to January 1 of this year and occupied the property for a total of five years?

☐ Yes ☐ No Do all owners of this property qualify for this program and elect to defer taxes under this program? If you answer No, the property cannot receive benefit under this program.

- Requirements:
1. File Form AV-9A Certification of Disability if required above.
 2. Complete Part 5. Income Information.
 3. Complete Part 6. Affirmation and Signature.

Part 5. Income Information (complete only if you also completed Part 2 or Part 4)

Social Security Number (SSN) disclosure is mandatory for approval of the Elderly or Disabled Exclusion and the Circuit Breaker Property Tax Deferral Program and will be used to establish the identification of the applicant. The SSN may be used for verification of information provided on this application. The authority to require this number is given by 42 U.S.C. Section 405(c)(2)(C)(i). The SSN and all income tax information will be kept confidential. The SSN may also be used to facilitate collection of property taxes if you do not timely and voluntarily pay the taxes. Using the SSN will allow the tax collector to claim payment of an unpaid property tax bill from any State income tax refund that might otherwise be owed to you. Your SSN may be shared with the State for this purpose. In addition, your SSN may be used to garnish wages or attach bank accounts for failure to timely pay taxes.

Applicant's Social Security Number

Spouse's Social Security Number

Requirements:

1. You must provide a copy of your individual Federal Income Tax Return for the previous calendar year, unless you are not required to file a Federal Income Tax Return. Married applicants filing separate returns must submit both returns. If you have not filed your Federal Income Tax Return at the time you submit this application, submit a copy when you file your return. Your income tax returns are confidential and will be treated as such. Your application will not be processed until the income tax information is received. Please check the appropriate box concerning the submission of your Federal Income Tax Return.

Fill in applicable box:

- ☐ Federal Income Tax Return submitted with this application.
- ☐ Federal Income Tax Return will be submitted when filed with the IRS.
- ☐ I will not file a Federal Income Tax Return with the IRS for the previous calendar year.

2. Provide the income information requested below for the previous calendar year. Provide the total amount for both spouses. If you do not file a Federal Income Tax Return, you must attach documentation of the income that you report below (W-2, SSA-1099, 1099-R, 1099-INT, 1099-DIV, financial institution statements, etc.).

a. Wages, Salaries, Tips, etc.....	\$	
b. Interest (Taxable and Tax Exempt).....	\$	
c. Dividends.....	\$	
d. Capital Gains.....	\$	
e. IRA Distributions.....	\$	
f. Pensions and Annuities.....	\$	
g. Disability Payments (not included in Pensions and Annuities).....	\$	
h. Social Security Benefits (Taxable and Tax Exempt).....	\$	
i. All other moneys received (Describe in Comments section.).....	\$	
Total	\$	

Comments:

INFORMATION IS SUBJECT TO VERIFICATION WITH THE NORTH CAROLINA DEPARTMENT OF REVENUE.

Part 6. Affirmation and Signature

AFFIRMATION OF APPLICANT – Under penalties prescribed by law, I hereby affirm that, to the best of my knowledge and belief, all information furnished by me in connection with this application is true and complete. Furthermore, I understand that if I participate in the Circuit Breaker Property Tax Deferment Program, liens for the deferred taxes will exist on my property, and that when a disqualifying event occurs, the taxes for the year of the disqualifying event will be fully taxed and the last three years of deferred taxes prior to the disqualifying event will become due and payable, with all applicable interest.

Andrew T. Reed
Applicant's Name (please print)

Andrew T. Reed
Applicant's Signature

8/9/19
Date

Spouse's Name (please print)

Spouse's Signature

Date

Refer to the Instructions on Page 1 for filing information and filing location.*

Office Use Only

Approved: Y / N

☐ Elderly/Disabled

☐ Disabled Veteran

☐ Circuit Breaker:

☐ 4%

☐ 5%

Date: ____/____/____ By: ____ Comments: ____

AV-9A Received: ____/____/____ NCDVA-9 Received: ____/____/____

FITR Received: ____/____/____ Income: \$ ____

***All applications must be submitted by June 1 to be timely filed.**

Late Applications: Upon a showing of good cause by the applicant for failure to make a timely application, an application for exemption or exclusion filed after the [due date] may be approved by the Department of Revenue, the board of equalization and review, the board of county commissioners, or the governing body of a municipality, as appropriate. An untimely application for exemption or exclusion approved under this subsection applies only to property taxes levied by the county or municipality in the calendar year in which the untimely application is filed. [N.C.G.S. 105-282.1(a1)]

	State of North Carolina Certification for Disabled Veteran's Property Tax Exclusion (G.S. 105-277.1C)	<u>Jones</u> COUNTY
SECTION 1 TO BE COMPLETED BY THE VETERAN OR THE SURVIVING SPOUSE WHO HAS NOT REMARRIED		
<u>Andrew Thomas Reed</u> NAME (Print or Type)		<u>Andrew Thomas Reed</u> DISABLED VETERAN'S FULL NAME (PRINT OR TYPE)
<u>211 Tilghman Rd</u> STREET ADDRESS OR P.O. BOX NUMBER		SURVIVING SPOUSE'S FULL NAME (PRINT OR TYPE) <i>(If Applicable)</i>
<u>Dover</u> CITY	<u>NC</u> <u>28526</u> STATE ZIP CODE	U.S. DEPT. OF VETERANS AFFAIRS FILE NUMBER VETERAN'S SOCIAL SECURITY NUMBER
<p>I am either (1) a veteran whose character of service at separation was honorable or under honorable conditions and who has a permanent and total service-connected disability or (2) the surviving spouse, who has not remarried, of a veteran whose character of service at separation was honorable or under honorable conditions and who had a permanent and total service-connected disability at death or veteran's death was the result of a service-connected condition. I request USDVA complete this certification <i>in support of my separate application for the Disabled Veteran's Property Tax Exclusion to the Tax Assessor.</i></p>		
SECTION 2 Disabled Veteran's Signature		
I authorize the U.S. Department of Veterans Affairs to release information regarding my disability as needed for this certification.		
<u>Andrew Thomas Reed</u> DISABLED VETERAN'S SIGNATURE		<u>7/2/19</u> DATE
SECTION 3 Surviving Spouse's (who has not remarried) Signature		
I authorize the U.S. Department of Veterans Affairs to release information regarding my spouse's disability or death as needed for this certification.		
SURVIVING SPOUSE'S SIGNATURE		DATE
SECTION 4 To be completed by the U.S. Department of Veterans Affairs		
<p>Please check all that apply:</p> <p>A. <input type="checkbox"/> Veteran does not meet either B, C, D, or E of the below criteria.</p> <p>B. <input checked="" type="checkbox"/> Veteran has a service-connected permanent and total disability that existed as of <u>4/15/19</u>.</p> <p>C. <input type="checkbox"/> Veteran received benefits on _____ from U.S. Department of Veterans Affairs for specially adapted housing under 38 U.S.C. 2101 for the veteran's permanent residence.</p> <p>D. <input type="checkbox"/> Veteran died on _____ and had a service-connected permanent and total disability at death.</p> <p>E. <input type="checkbox"/> Veteran died on _____ and the death was either (1) the result of a service-connected condition or (2) death occurred while on active duty in the line of duty and not due to service member's own willful misconduct.</p>		
Character of Disabled Veteran's Service at Separation: (38-214)		
<input checked="" type="checkbox"/> Honorable <input type="checkbox"/> Under Other than Honorable Conditions <input type="checkbox"/> Under Honorable Conditions		
<u>K. Schillhammer</u> SIGNATURE OF USDVA CERTIFYING OFFICIAL <u>K. Schillhammer</u> PRINTED NAME OF USDVA CERTIFYING OFFICIAL <u>SERVICE CENTER MANAGER</u> TITLE OF USDVA CERTIFYING OFFICIAL		<u>8/2/19</u> DATE NOTE: Stamped Signature by USDVA Official on this form has been authorized by Director, VA Regional Office, Winston-Salem, NC.

[REDACTED]

[REDACTED]



Piedmont Health Services and Sickle Cell Agency

August 1, 2019

Dear Sir/Madame:

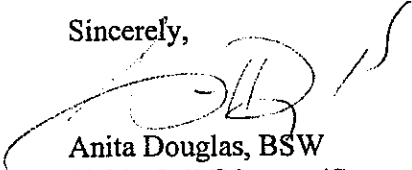
September was designated as National Sickle Cell Awareness Month by Congress in 1983 and signed by President Ronald Regan. Celebrations and activities are planned to raise awareness about this chronic condition that may cause excruciating pain, lead to numerous hospitalizations, loss of time from work or school and serious complications that can lead to death.

Sickle cell disease is a genetic condition that affects the body's red blood cells. It occurs when a child receives two abnormal hemoglobin genes; one from each parent. In someone living with sickle cell disease, the red blood cells become hard and sticky and take on a crescent C-shape resembling a farm tool called a "sickle".

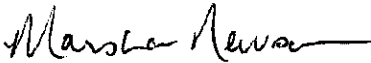
Piedmont Health Services and Sickle Cell Agency (PHSSCA) has been providing education, counseling, case management and support services for almost 50 years in North Carolina. PHSSCA serves 24 North Carolina counties. Regionally, services are provided in 8 counties (Carteret, Craven, Greene, Jones, Lenoir, Onslow, Pamlico and Wayne) to approximately sickle cell disease affected 250 individuals and their families. Hundreds of individuals with sickle cell trait receive education and counseling.

We are requesting that a proclamation be issued in your (county/city) identifying September as National Sickle Cell Awareness Month. If further information is needed please contact the regional office at 919-288-2323 or email: mnewsome@piedmonthealthservices.org.

Sincerely,



Anita Douglas, BSW
Sickle Cell Educator/Counselor



Marsha Newsome, BS, MSA
Regional Program Director

Kathy Norcott
Executive Director

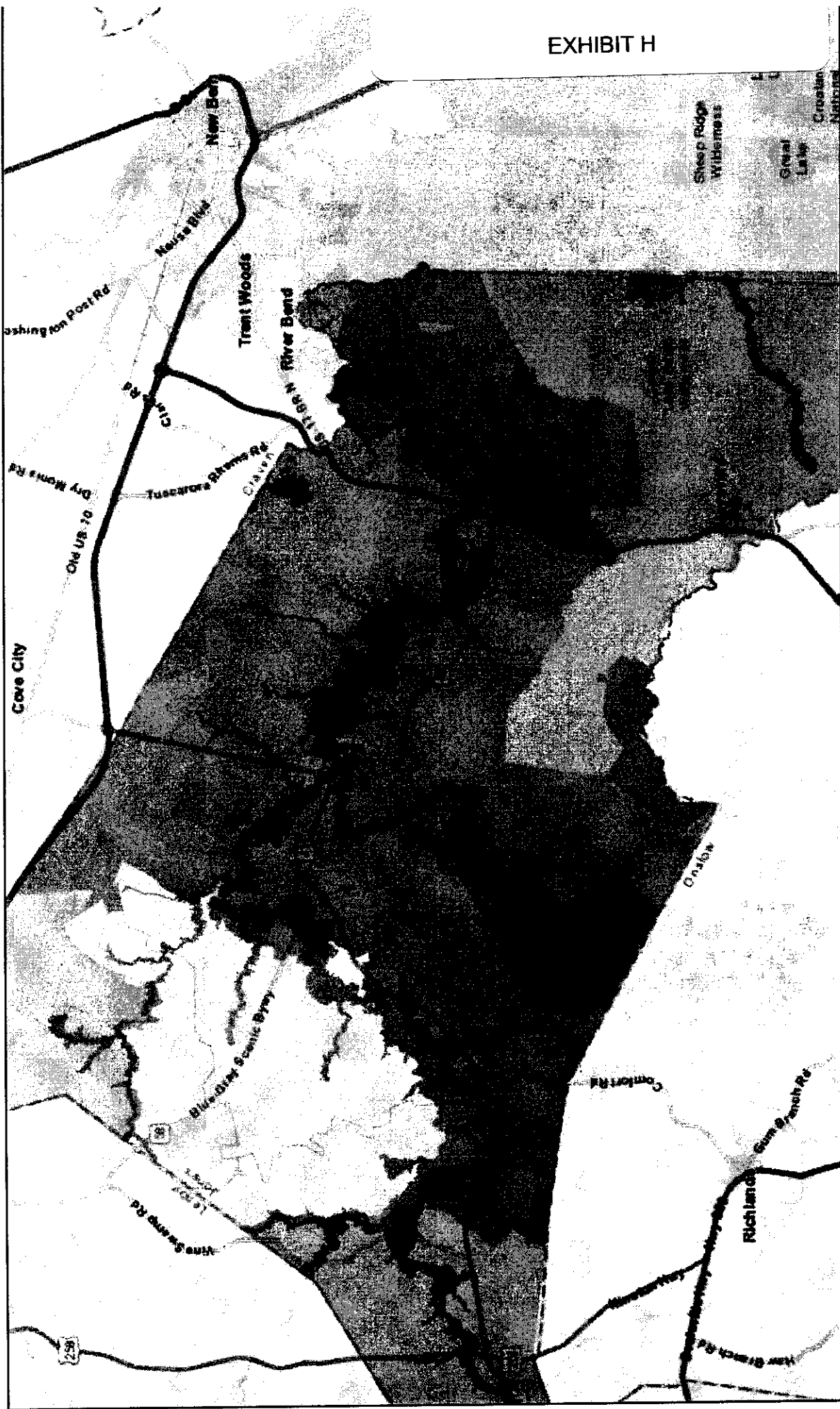
1202-C Wayne Memorial
Goldsboro, NC 27534
(919)288-2323

www.PiedmontHealthServices.org

200 Valencia Dr. Suite 146
Jacksonville, NC 28546
(910) 333-8713

Jones County, NC GIS

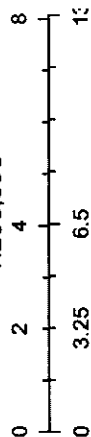
EXHIBIT H



8/9/2019, 9:19:06 AM

- ESN
- Pollocksville
- Trenton
- Maysville
- Comfort
- Hargetts Crossroads
- Phillips Crossroads
- Wyse Fork
- Cove City
- Rhems
- Loco
- Other

1:288,895



Sources: Esri, HERE, Garmin, USGS, Intermap, INCREMENT P, Japan, METI, Esri China (Hong Kong), Esri Korea, Esri (Thailand), OpenStreetMap contributors, and the GIS User Community, Garmin, (c) OpenStreetMap contributors, and the GIS user community